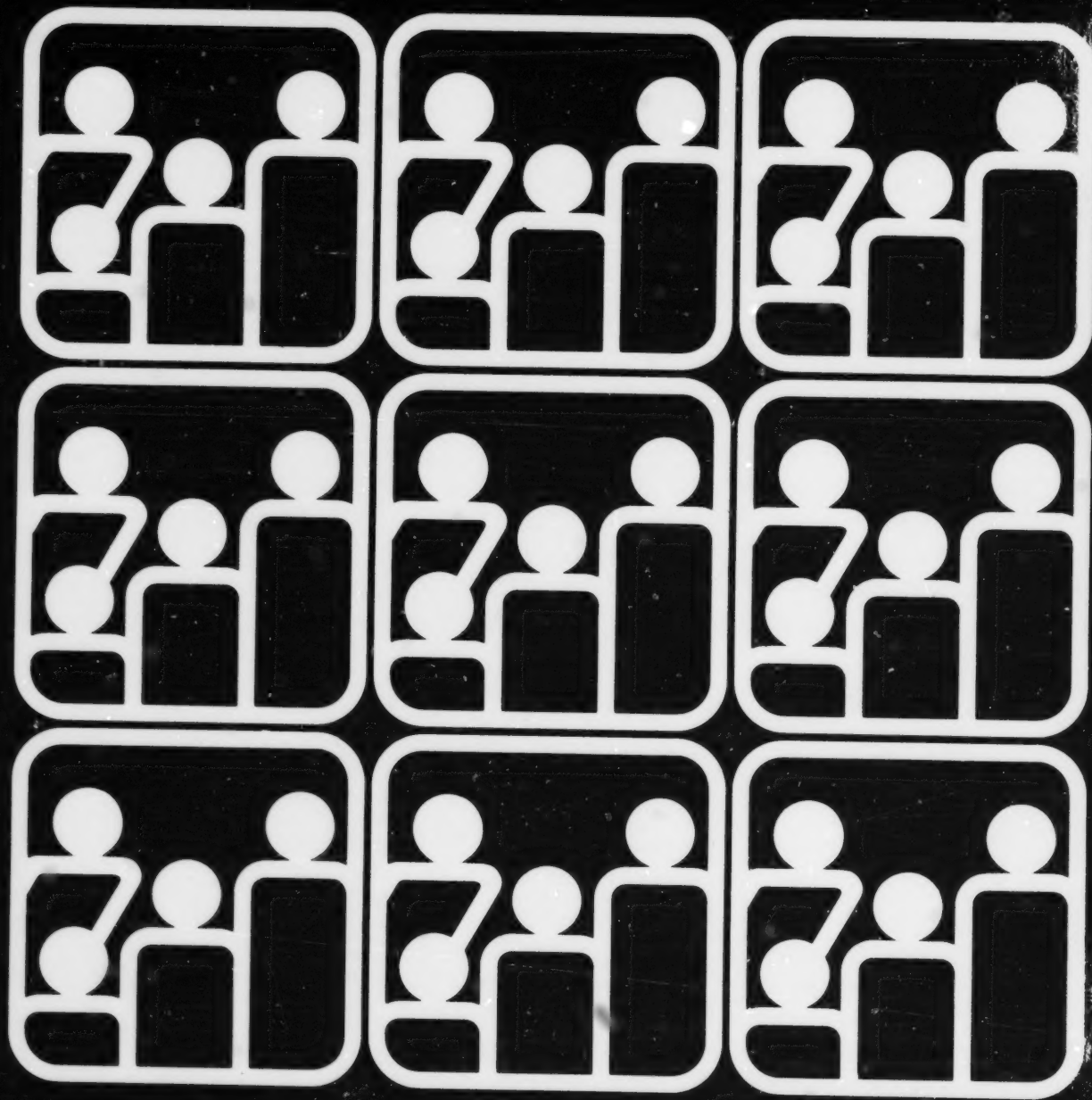


Stopping the Violence: Canadian Programmes for Assaultive Men



Health
and Welfare
Canada

Santé et
Bien-être social
Canada

Canada

**STOPPING THE VIOLENCE: CANADIAN PROGRAMMES
FOR ASSAULTIVE MEN**

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CHAPTER IV

THE HISTORY OF THE UNITED STATES

1847

The history of the United States is a story of growth and expansion. From a small colony of settlers on the eastern coast, the nation grew to encompass a vast continent. The early years were marked by struggle and hardship, as the settlers fought to establish a new society. The American Revolution was a pivotal moment in the nation's history, leading to the birth of a new country. The years following the Revolution were a time of rapid growth and development. The nation expanded its territory westward, and the economy flourished. The American Civil War was a defining moment in the nation's history, leading to the abolition of slavery and the preservation of the Union. The years following the Civil War were a time of reconstruction and growth. The nation continued to expand its territory and develop its economy. The American West was a land of opportunity and adventure, attracting settlers from all over the world. The American Civil War was a defining moment in the nation's history, leading to the abolition of slavery and the preservation of the Union. The years following the Civil War were a time of reconstruction and growth. The nation continued to expand its territory and develop its economy. The American West was a land of opportunity and adventure, attracting settlers from all over the world.

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PREFACE

In 1981 there were four treatment programmes for assaultive men operating in Canada. Three years later in 1984, the National Clearinghouse on Family Violence was aware of over 30 such programmes across the country and currently receives requests for information from scores of other communities wishing to begin offender treatment. This proliferation of programmes appears to have been the result of two major influences. First, the struggle by women's groups to obtain safe housing for victims of assault had been accomplished in many communities. Once this goal had been reached these women's groups were able to turn some of their attention toward methods of preventing recurrent violence. Men's treatment was one obvious solution. In many cases, women's shelters approached interested men and women in the community and encouraged them to begin programmes. Second, there was an increasing amount of literature on men's treatment available after 1981 coming from more established programmes in the United States. The availability of this information helped sensitize a variety of individuals to this option and reduced inhibitions about beginning offender treatment by providing workable structures and guiding principles. Workshops and training programmes offered by these pioneering organizations in the U.S. and Canada further aided the creation of new programmes.

While some programmes have received direct federal or provincial funding, the majority have been initiated at the community level by concerned individuals in women's shelters, mental health settings, family counselling settings, probation and parole services or on a private basis. Though a relatively homogeneous philosophy of treatment has resulted from a growing information network, the settings, personnel, referral networks and specific procedures vary considerably across programmes. No central repository of information about these programmes existed prior to this survey. In addition, comprehensive evaluations of treatment programmes have yet to be done in Canada or the U.S.

Both federal and provincial governments have expressed some interest in men's treatment as part of an overall response to the problem of wife assault. Policy statements from the Solicitor General of Canada and some provincial Attorneys-General have encouraged police to take a more active role in arresting and charging wife assaulters. If carried out, this action should place increased pressure on criminal justice systems to dispose of wife assault cases appropriately and effectively. Offender treatment is an attractive alternative to other dispositions (e.g., fines, jail terms, no penalty) for a variety of reasons: 1. it is cheaper than jail, 2. theoretically it stands a better chance of reducing recidivism and, 3. it often is more in line with the wishes of the victim.

Despite an interest in men's treatment, governments have been reluctant to commit resources to this area because to this point there has been very little information available regarding 1. what programmes currently exist, 2. how programmes are most usefully structured and 3. whether men's treatment actually works. This survey was conducted to provide data to address the first

two issues; this in turn will facilitate the planning of research to answer the crucial third question. It is hoped that policy-makers and funding bodies will be able to use the information in this report to make positive decisions relating to men's treatment.

It is also hoped that this report can be used by individuals or groups wishing to begin programmes in their own communities and by those currently running programmes. Available literature often does not deal with the specific "nuts and bolts" of running a programme for wife assaulters and typically programme leaders must learn by trial and error. An effort was made here to present information and recommendations on very specific programme issues based upon the collective experience of the survey participants. While recommendations generally reflect the majority opinion of the participants, interesting minority views are also presented.

Since Canadian programmes for men have tended to operate in isolation from their counterparts in other areas of the country and, since a number of participants expressed a desire to know more about other programmes, an appendix was included listing the address and a brief description of each programme. A list of current literature on men's treatment and useful films is also included in the appendices.

The survey does not claim to have included all Canadian programmes, as only those known to the Clearinghouse at the time the survey began were included. However, the twenty-four programmes covered in the survey likely represent the bulk of those existing in the country and certainly constitute a respectable sample. Six other programmes which became known to the Clearinghouse subsequent to the interview phase are included in the appendix of programme descriptions, but not in the text of the report. Although a number of therapists throughout the country see assaultive men on an individual basis, these individuals were not considered programmes per se and are therefore not included in the survey.

The reader should be aware that the survey is descriptive in nature. The data collection technique--the structured interview--was chosen to allow comprehensiveness and flexibility, rather than statistical rigour. Since many programmes do not keep accurate statistics relating to some or all of the questions asked, the figures quoted must be viewed as estimates. They are cited to provide general impressions, not precise data. Similarly, the selection of community professionals for interviewing was based upon suggestions of the programme leaders and was limited by the availability of these individuals. No claim is made that these professionals constitute a representative sample of the community.

I wish to express my appreciation to those who participated in the survey. I was impressed by the degree of expertise, devotion and caring evidenced by these people in providing a very difficult service often with little or no funding. The added burden of undergoing a three-hour interview was accepted readily by all. I hope that the resulting increase in the information base regarding men's treatment in Canada will generate dividends for all those involved in doing the work.

PART I: INTRODUCTION

1. History and Incidence of Wife Assault

Wife assault is not a new phenomenon. Dobash and Dobash (1978) provide an excellent analysis of how violence against wives has been entrenched in patriarchal societal institutions such as the legal system and religion for thousands of years. They point out that only since the late 19th century has wife assault been proscribed by British and U.S. law. Today these institutions continue to perpetuate wife assault by tacitly supporting the preservation of the family unit over the physical safety of women.

Major surveys on family violence in the past few years (e.g., Schulman, 1979; Straus, Gelles & Steinmetz, 1980) have validated the observations of transition house workers and clinicians that wife assault is a pervasive and serious social problem in North America. While estimates vary considerably depending on the definition of violence and the degree of under-reporting in the sample, it seems that severe forms of violence (such as punching, kicking or worse) may occur in about 10 per cent of all marital relationships. The incidence of less severe forms of violence (pushing, slapping) is much higher. Initial suggestions based upon frequency counts that wives may be as violent as husbands (cf. Steinmetz, 1978) have been successfully refuted by data indicating that husband violence is more severe, is more often repeated (Straus, 1977-78) and in 95 per cent of the cases where an injury occurs the wife is the one who is injured (Berk, Berk, Loseke & Rauma, 1983). Apart from the physical injury resulting directly from the assault, the medical and psychological effects of living with a violent man are severe for both the woman and her children. These have been well documented in the literature (e.g., Gayford, 1975; Hilberman & Munson, 1978; Walker, 1979). It has been known for some time that severe psychological abuse frequently coincides with physical violence and has powerfully detrimental effects on the women (Barnsley, 1980; Ganley, 1981). Less commonly acknowledged is the fact that about one-third of women who stay in shelters report forced sexual experiences in their marriage (see Finkelhor & Yllo, 1983 and Shields & Hanneke, 1983 for good reviews).

2. Theories and Research Regarding Causation of Wife Assault

(a) Traditional clinical theories - Early clinical explanations of wife assault emphasized individual pathology in the husband, wife or both partners. The husband was portrayed as sadistic or psychopathic, pathologically passive and dependent or potentially brain-damaged. The woman was assumed to be masochistic due to her apparent provocation of the violence and tendency to remain in the abusive relationship. Alcohol was assumed to play a causative role in the bulk of these violent incidents. In reference to theories about psychopathology in the male, there is currently no good evidence to substantiate severe psychiatric disorder in the majority of wife assaulters. Interesting research in this area is currently being conducted by Dr. Oto Cadsky at the Forensic Assessment and Community Services, Alberta Hospital, Edmonton. As to the suggestion that battered women are masochists, anyone who works with these women will quickly realize that this notion is simply false and looks suspiciously like an attempt to blame the victim. Pressman (1984) provides a thorough review of why women remain in assaultive relationships. Other psychiatric symptoms that appear in abused women such as depression,

anxiety and abuse of prescription drugs, appear to be the result rather than the cause of the violence (Stark, Flitcraft & Frazier, 1979). Finally, current research appears to indicate that the role of alcohol may be facilitative rather than causative in most cases of wife assault (see Zacker & Bard, 1977; Coleman & Straus, 1979; and Eberle, 1982).

(b) Sociological theories - Partly in response to traditional theories which emphasized individual pathology, sociological theories contend that wife assault is a normative phenomenon resulting from society's patriarchal structure and tacit reinforcement of violent means of settling conflict. According to this view, violence is perpetuated through societal institutions such as the family, the media, the legal system and religious organizations which transmit an ambivalent message regarding violence. The work of Straus and his colleagues is most prominent in this area (e.g., Straus, 1973; Gelles & Straus, 1979; Straus, Gelles & Steinmetz, 1980).

(c) The feminist perspective - The women's movement has not only been very active in promoting services for victims of assault, but has also provided a theoretical framework to explain the phenomenon. Like sociological theories, the feminist analysis emphasizes the role of societal structures in determining violence against women. However, feminists stress more strongly the directionality of violence (i.e., from male to female) and the difference between child abuse and wife abuse in terms of causation and dynamics, and are more skeptical of a strictly empirical approach to research (see Breines & Gordon, 1983 for a review).

(d) Integrated theories - More recently attempts have been made to understand family violence from a theoretical perspective that combines broader societal influences, the impact of work and social networks, family dynamics and characteristics of the abuser (see Belsky, 1980 and Dutton, 1983 for reviews).

3. Society's Response to Wife Assault

(a) The medical response - Stark, Flitcraft and Frazier (1979) provide an excellent critique of the medical profession's response to wife assault. Their research using hospital medical records indicates that abuse-related injuries have been treated in isolation with little attempt to acknowledge or help remediate the cause. The women's medical and psychosomatic problems have been most frequently treated with pain-killers, anti-depressants, tranquilizers and psychiatric referrals accompanied by the "appropriate" psychiatric label. Often the woman's first contact with the system, this response has served to reinforce the woman's hopelessness and self-blame about the violence. Current movements toward more holistic approaches to medical practice may help reverse this pattern. In addition, health care professionals have begun to develop and implement protocols for use in hospitals which assist in the identification of abuse and the provision of appropriate treatment for battered women.

(b) Helping professionals' response - The majority of helping professionals have been ill-equipped to remediate wife assault to this point. Traditional psychiatric and analytic approaches to therapy which emphasize masochism and weakness in the woman have been disastrous. Refusal of the male

to attend counselling has maintained the focus on the woman. Marital and family therapy which place equal responsibility on the husband and wife was doomed to failure and often dangerous for the woman who was forced to negotiate for her safety. Overall, a tendency for helping professionals to work toward the goal of preserving the family unit, rather than trying to protect the victim has been characteristic and has not served women well.

(c) The legal response - Good reviews of the justice system response to wife assault exist elsewhere (e.g., Goldman, 1978; Dutton, 1981; Women's Research Centre, Vancouver, 1982). It may be succinctly described as a failure at all levels of the system from police to the judiciary to deal effectively with the problem. The inability of the justice system to deal appropriately with wife assault cases appears to result from a combination of 1. ignorance of the dynamics of wife assault, 2. adherence to traditional male values supporting dominance by the husband and preservation of the family and 3. real frustrations felt by some justice system members about the disposition of cases at other levels. Not the least of these frustrations was the lack of a good sentencing option at the end of the process. The ultimate effect of this overall response was to remove legal remedies from the realm of workable options for most women and to reinforce the violent behaviour through the lack of clear-cut sanctions against the offender. Revisions in justice system policy are beginning to occur at present (see the Policy Paper on Wife Assault, Ministry of the Attorney-General of B.C., 1984 as a fine example of well-conceived policy).

(d) The women's movement and the development of shelters - Women's groups have been leaders in the attempt to break through society's "non-response" to wife assault and provide some relief for abused wives. They did so initially in Canada by instituting women's shelters. The first shelters opened in 1972 and at present over 160 exist across the country, although these are unevenly distributed and frequently under-funded. This work was extremely important not only because it provided safety for some women, but also because it drew attention to wife assault as a real social problem. It also laid the necessary groundwork for offender treatment as it afforded some safety to the victim during the treatment process and the woman's departure to the shelter provided many men with the motivation to seek help for their problem. More generally, women's groups have been active in public education and political lobbying around the issue of wife assault in the context of their overall goal of promoting women's rights. This has made wife assault a "high profile" issue and has greatly facilitated a movement towards an improved societal response.

4. The Concept of Offender Treatment

(a) Rationale - The rationale for treating the men is very simple. Its purpose is to prevent recurrent violence. While women's shelters provide a temporary respite from the violence, many women have no real economic alternative and eventually return to the abusive relationship and suffer further abuse. Even if the woman doesn't return to the relationship, research indicates that the man will more likely than not form another relationship which is characterized by abuse (Browning, 1984). The high recidivism rate among the men suggests that women's shelters are a necessary, but not sufficient solution to the problem. Remediation of the men is the next step.

One crucial deficiency underlying the poor justice system response to wife assault has been the lack of workable sentencing options once the man is convicted of an offence. The most common disposition to date has been a discharge or suspended sentence--in essence, no penalty. This type of disposition discourages the victim or police from pursuing charges and gives the appearance that the system (and by implication, society) tolerates wife assault. On the other hand, jail terms create problems in already overcrowded institutions, place the man in an atmosphere conducive to maintaining his violence and frequently go against the wishes of the victim. Offender treatment is the logical third option, satisfying the justice system goals of rehabilitation and diversion, the victim's goal of eliminating the violence in her relationship and government's goal of providing a cost-efficient remedy to the problem. Discretionary use of jail terms along with treatment could accomplish the justice system goals of general and specific deterrence.

(b) Early programmes in the United States - As in other areas of mental health and justice system reform, the U.S. took the lead in starting the first programmes for assaultive men. Three such programmes have had the most influence on the development of men's treatment in the rest of the U.S. and in Canada; these are: Emerge, in Boston, Massachusetts; Anne Ganley's work at the American Lake Veteran's Hospital in Tacoma, Washington; and the Domestic Abuse Project in Minneapolis, Minnesota.

Emerge was established in 1977 as a male collective to combat domestic violence against women. They published a monograph about their work in 1981. The collective set out to accomplish its goal by providing therapy groups for wife assaulters and by engaging in active public education about the issue. A strong emphasis was placed upon viewing violence as a product of male sex-role conditioning and the unequal power relationships between men and women in society. Hence, these principles became the cornerstone of their counselling and their work had the flavour of men taking responsibility for helping other men to stop their violent domination of women. Working closely with women's groups, the collective worked out a fairly specific group counselling programme using a format of three 8-week cycles which has now been adopted by several Canadian programmes. Emphasis in the counselling is on personal responsibility, goal-setting to stop the violence, and confrontation of traditional male values. Emerge now has an active training programme for potential counsellors who wish to learn this approach to therapy.

Anne Ganley is a psychologist who began devising a group therapy approach for wife assaulters about ten years ago in response to a disproportionate caseload of violent men at her veterans' hospital setting. Using a structured social learning approach to therapy, Ganley has run numerous groups for both inpatients and outpatients at the hospital. Her major contributions have been to develop a useful taxonomy of abuse, to outline common characteristics of assaultive men, to provide clear guidelines for assessment, to deal with the structuring of treatment and the response to particular treatment issues, and finally to discuss in some depth, the concept of court-mandated counselling. Her work is described in a monograph available from the Centre for Women Policy Studies, Washington, D.C. (Ganley, 1981). In addition, Ganley gives one- and three-day workshops throughout the U.S. and Canada.

The Minneapolis Domestic Abuse Project was founded in 1979 as a model treatment programme for wife assaulters. The goals were to develop therapy groups for these men, to train and educate professionals and to encourage an effective community systems response to wife assault. This three-pronged approach has been adopted unofficially by other programmes in the U.S. The therapy component of the project utilizes a format of two 16-week phases, which has been adopted by programmes in the Winnipeg area. The first phase involves a highly structured group aimed solely at stopping the violence. The second phase is a more traditional group therapy experience, aimed at solidifying non-violent behaviour and helping the men to "individuate". Women's and children's groups are also offered by the project. A Canadian-authored paper describes the programme in some detail (Stordeur, 1983).

Other American work has also influenced Canadian programmes, most notably the work of Lance Egley in Minneapolis, Minnesota (Egley, 1981).

(c) Early Canadian programmes - Men's treatment did not begin to evolve in Canada until 1980. David Currie of the Family Service Association of Metropolitan Toronto began his program in 1980 as part of the now-defunct Domestic Violence Project there (cf. Harris & Sinclair, 1981). Currie's work has influenced many newer Ontario programmes, particularly in his emphasis on the social context of violence and on "pre-violence cues" (see Currie, 1982; Currie, 1983). The Vancouver Family Court Assaultive Husbands Project, in Vancouver, B.C. and the Changing Ways programme in London, Ontario represent two early attempts to provide offender treatment in the context of the criminal justice system. The Assaultive Husbands Project is funded by the provincial corrections ministry, but operates outside the system (see Wachtel & Levens, 1983 for a review), while the London programme presently operates as part of the provincial corrections system (see Newell & Jones, 1983). The Hiatus House-Fresh Start programme in Windsor, Ontario began in 1981 and represents a good example of how men's treatment might be integrated into a more comprehensive service for victims of wife assault (see Buckley, Miller & Rolfe, 1983). Finally, the Family Violence Treatment Programme at the Guelph Family Counselling Service provided an early example of how a comprehensive programme for both the men and their wives can operate within a family service setting (see Pressman, 1984).

5. Purpose and Scope of the Survey

The purpose of this survey was to gather detailed information about existing treatment programmes for assaultive men in Canada and to make recommendations for programming of this kind. Therefore, the project is descriptive in the sense of providing information about what programmes are available, but also evaluative inasmuch as preferences are expressed in the form of recommendations. The evaluative element is not empirically-based in a strict research sense; rather it reflects current professional opinion among Canadian clinicians doing the work. It is hoped that empirical demonstrations--such as formal outcome evaluations--will follow this report.

The intent is not to simply catalogue the surveyed programmes. Instead a synthesis of available programming and programme issues is presented under each general content area. Specific examples are provided where appropriate

and a brief catalogue of programmes is included in Appendix C. The intended readership includes government officials, survey participants, those wishing to begin programmes and anyone interested in men's treatment.

6. Survey Procedure

The National Clearinghouse on Family Violence prepared a list of men's treatment programmes in Canada based upon contacts made with those running programmes. The programme leaders were contacted by telephone to determine whether the programme did, in fact, exist. Only programmes that were currently running or expecting to begin intake in the very near future (i.e., had some plan for treatment worked out) were included. Twenty-four programmes met this criterion and were included in the survey. Subsequent to the completion of the interviewing phase, two currently running and four programmes still in the planning stages were discovered; these six are included in Appendix C, but not in the body of the report.

A site visit was made to each programme and a structured interview was conducted with programme staff using the interview protocol listed in Appendix A. Any written information available was collected to augment interview material. Upon initial telephone contact each group leader was asked to provide a list of community professionals who had knowledge of the programme. As many of these professionals as possible were interviewed given the time constraints involved. The interview protocol listed in Appendix B was used for this purpose. Twenty-seven such interviews were conducted and the information collected was used to write section 14 of Part II.

Since many of the programmes have long names, they are referred to by location when cited in the text (e.g., London). In cases where two programmes exist in one city a longer term will be used.

PART II: SURVEY RESULTS

1. Geographic Location

Like women's shelters, programmes for assaultive men are unevenly distributed throughout the country and tend to exist in major urban centres. Table 1 shows the locations of programmes in each province. Most noticeably, there are no programmes in Newfoundland, Nova Scotia and Saskatchewan and only one in relatively populous Quebec. Almost half the programmes are in Ontario which has a large number of medium-sized and larger cities. Only one Ontario programme is located in the northern region of the province (Sault Ste. Marie) with the majority residing in the more populated southern and western regions. This programme is the only one in the country located in the north. The programme in Eganville, Ontario (population approx. 1500), which is in the early stage of development, represents the only truly rural programme in the country, though two other programmes (Portage La Prairie, Manitoba, and Charlottetown, P.E.I.) deal to a substantial degree with a rural clientele from outlying areas. In sum, programmes for assaultive men tend to be developed in southern urban regions of the country, particularly Ontario. However, the absence of men's treatment in many Canadian cities indicates that development is sparse even in the south.

2. Setting

Canadian programmes for assaultive men operate in a variety of settings which have diverse decision-making structures. These settings and the number of programmes in each category are listed in Table 2. If any generalizations can be made, they are that therapy groups have usually been initiated by concerned "front-line" workers rather than by government or agency policy. These individuals have tended to take on and maintain the responsibility for day-to-day decision-making about the programme within each setting. This arrangement presents both advantages and disadvantages for group leaders and these will be discussed in more detail.

Family counselling agencies - The most common setting for men's programmes is within a family counselling agency where other services relating to family matters are also offered. Group leaders were generally satisfied with programmes operating in this setting and pointed out a number of advantages of family service settings. Men's treatment is legitimized through its association with an established agency. Family service is improved by family service agencies developing specific policies and programmes relating to family violence. There is access to resources such as space, counsellor time and support staff. In addition, referrals are readily available from general caseloads, particularly those men who might not come into contact with the justice system. An established family service agency affords an opportunity to provide a range of services to augment men's treatment including groups for wives and children, individual counselling and couples counselling (examples are Guelph and Sault Ste. Marie). The major difficulty with a family service setting is that the additional programme or set of programmes may drain agency resources to the detriment of other programmes. Another problem is that unless the men's group is formally established as a programme itself or entrenched in

Table 1

Breakdown of Programmes by Province

<u>Province</u>	<u>Number of Programmes</u>
<u>Newfoundland</u>	0
<u>Prince Edward Island</u>	1
Charlottetown	
<u>Nova Scotia</u>	0
<u>New Brunswick</u>	2
Moncton	
Saint John	
<u>Quebec</u>	1
Montreal	
<u>Ontario</u>	11
Burlington	
Eganville	
Guelph	
Kingston	
London	
Mississauga	
Ottawa	
Sault Ste. Marie	
St. Catharines	
Toronto	
Windsor	
<u>Manitoba</u>	3
Winnipeg (Klinik)	
Winnipeg (Family Services)	
Portage La Prairie	
<u>Saskatchewan</u>	0
<u>Alberta</u>	4
Calgary (Anger Management Programme)	
Calgary (Forensic Services)	
Lethbridge	
Edmonton	
<u>British Columbia</u>	2
Vancouver (Assaultive Husbands Project)	
Vancouver (Family Services)	
TOTAL	24

Table 2

Programme Settings

<u>Setting</u>	<u>Number</u>
Family counselling agency	6
Pastoral institute	1
Provincial social services dept.	1
Probation and parole/corrections	3
Hospital	3
Community mental health centre	1
Integrated domestic violence agency	2
*Y.W.C.A.	1
Inter-agency collective	1
Private society/corporation	1
Private	4
TOTAL	24

* Not yet running groups.

a formalized domestic violence component of the agency, administrative and financial support may be limited. Hence, the programme may become overly dependent on one or two dedicated counsellors, who may donate their time over and above regular caseloads. This concern holds for all settings where a "parent" agency or body houses a treatment programme. Parent agencies are convenient sources of temporary resources, but unformalized programmes may be short-lived.

Pastoral institutes and provincial social services departments share some of the advantages of family service organizations--legitimacy, access to resources and access to referrals. A social service department offering a programme implies government concern, which is a positive message for both men and women, and for community-based groups and individuals who work with violent families. Providing men's treatment in a pastoral institute attracts referrals from churches and enables men with traditional religious values to seek counselling. However, some of these values must then be challenged in the course of the treatment.

Corrections settings - Three programmes are closely connected to the corrections system--two are run by probation officers (Portage La Prairie and London) and one by private therapists under contract with the corrections branch (Vancouver Assaultive Husbands Project). The main advantages of a corrections setting are that it forces resistant men into treatment and reinforces the message that wife assault is a crime. While there are some advantages to working from within the system (i.e., contacts and influence over case management), there are clear disadvantages. First, corrections systems appear generally reluctant to fully support counselling programmes within their ranks. Their preference is to act as a broker for corrections clients by referring them to external programmes. Probation officers cannot apply for additional funds to improve their service, and thus probation officers who begin programmes may end up doing a lot of volunteer work. Second, the dual role of probation officer and counsellor places the group leader in a difficult power position vis-à-vis his client and may heighten resistance. The alternative of running the programme on contract helps to circumvent these two problems, but requires more effort to obtain cooperation from justice system personnel and to secure and maintain funding.

Hospital settings - Three hospital-based programmes exist--two in forensic units (Calgary-Forensic Services, Edmonton) and one in a social work department (Mississauga). Programmes in these settings can take advantage of the vast resources and stable funding base offered by hospitals. In the case of the forensic units the message that wife assault is criminal can be reinforced. However, in only one hospital (Calgary-Forensic Services) was the programme formalized and staff time officially allocated for treatment. Again the existence of the programmes depended on the dedication and goodwill of the staff. One added concern regarding hospital settings was the possibility of reinforcing the denial of responsibility in the man by implying that the problem was medical in nature. This is a problem which could be overcome by conscious confrontation of this denial throughout the treatment process.

Integrated services - Two agencies provide an independent, integrated service for families in which wife assault has occurred (St. Catharines, Windsor). The primary advantages of this type of organization are access to referrals through counselling of assaulted women and the integration/coordination of service to both partners. The specific mandate of the agency draws attention to the problem and helps to establish a precedent for independent funding. However, tremendous effort has been required to secure and maintain funding for these agencies.

Agency coordination - One interesting approach to organizing a programme is through an inter-agency collective (e.g., Charlottetown) where several agencies agree to pool resources to provide treatment. This approach makes efficient use of resources and ensures that relevant agencies (e.g., family services, corrections, alcohol and drug, transition house) are involved in the programme. The crucial requirement is that representatives from the agencies be able to work well together. This approach may be particularly appropriate for smaller communities where contacts are closer and well-established.

Privately-run programmes - Several programmes operate privately in one fashion or another--usually as part of a private practice or as volunteer work. These programmes allow for maximum flexibility and autonomy. However, all the work is placed in the hands of a few and the breadth of the service, especially coordination with services for the abused is limited. There is also a risk of isolation which may inhibit the functioning of the programme and reduce the likelihood of funding.

The majority of group leaders stress the importance of 1. obtaining input from the women's community and 2. ensuring that the workload is diffused among a number of people. Utilizing the services of a volunteer board can help diffuse some of the public relations and fund-raising work. Community coordinating committees on domestic violence can also help diffuse workloads and keep group leaders in touch with transition house staff and women's support groups. Several programmes make use of advisory boards consisting of representatives from relevant community services to maintain a solid communication network (e.g., Kingston, St. Catharines, Vancouver Assaultive Husbands Project). These alternatives would be particularly important for privately run or voluntary programmes.

Virtually all the group leaders make the administrative and therapeutic decisions relating to their treatment group without interference from a governing board or parent agency. The leaders who are most content with their position appear to have ensured one or more of the following: 1. formalization of their programme within the parent agency or organization, 2. integration of service to other family members, either directly by providing women's groups or indirectly through liaison with those providing such services and 3. the availability of philosophical direction and practical support from a coordinating body or advisory board.

3. Relationship with Other Community Agencies

Because men's programmes operate in a community context, relations with other agencies and professionals are extremely important; these colleagues can provide referrals, places to refer clients with related problems (e.g., drug and alcohol abuse), services for the abused, and the emotional support needed by workers who deal with difficult or dangerous clients. The strongest generalization that can be made here is that men's groups consistently have positive relations with the women's shelter in the community. There are four programmes which keep a low profile and are not well-known to the shelters and another in which the relationship is described as "strained" due to disagreement about admission criteria for the shelter. However, the vast majority work fairly closely together with the shelter and have very positive relations. In many cases there are official liaisons between the men's group and the shelter by means of a shared board member, membership on a coordinating committee, use of women's shelter staff as advisors, or by belonging to the same parent agency. Frequently, men's group staff had given workshops or talks at the shelter. Generally, the feeling is that on-going personal contact with the shelter is useful in allaying any concerns that might arise about the functioning of the men's group. Given the remarkable capacity for distortion of information present in these couples and the highly intensive nature of the work, "rumour dispersion" and mutual support are a high priority.

Relations with the criminal justice system vary across communities. Court referrals appear to be facilitated if there is a liaison probation officer who handles all wife assault cases (e.g., Guelph, Windsor, Sault Ste. Marie and London). This allows the programme staff and probation officer to build a working relationship and increase the chance of good referrals. However, in larger centres, this may not be feasible. Communities where the cooperation of the Crown prosecutor has been obtained also report more positive relations with the courts. Generally speaking, judges are seen as more difficult to reach and have less contact with programme staff. Relations with police are also more distant. Best results seem to be obtained when police are invited and agree to participate on a coordinating committee or advisory board. Using this forum, mutual concerns can be aired and myths debunked. One innovative arrangement is the Complainant Support Programme in Windsor, Ontario. This is a legal advocacy service for abused women in which the victim may voice her preferences for remedies following a police intervention (or independent of such an intervention). Such a service functions to facilitate remedies acceptable to the victim such as treatment for the offender and thereby improves the link between police intervention and initiating a programme of counselling for the man.

The group leaders on the whole report few problems with community relations and generally find favourable responses to their programmes among other professionals. Mutual referrals have tended to develop between the men's groups and complimentary agencies such as alcohol and drug counselling agencies and mental health facilities. Some programmes have found that they have had to "manipulate their profile" in an effort to cope with the variation in referral rates that is possible (i.e., from a trickle to a deluge). This problem will be discussed in the next section.

4. Programme Development

(a) Initiative for starting a programme - Almost without exception the formation of men's treatment programmes have been the result of a personal initiative on the part of one or more individuals. In six cases, a domestic violence committee provided some of the initiative, but even in these instances individual group leaders devote considerable personal effort to programme development. The majority of these individuals were working as counsellors or probation officers, positions that provided them with exposure to substantial numbers of domestic violence cases. Often they were motivated to start a group following contact with the women's shelter.

(b) Needs assessment and rationale - Only four programmes were founded following a formalized needs assessment. In three cases, a community agency circulated questionnaires to demonstrate the existence of the problem and present lack of service. In London, Ontario, the Solicitor General of Canada had funded research on the community response to wife assault and recommendations from the research pointed to the need for men's treatment. The two Vancouver programmes were formed as a long-term result of a Symposium on Domestic Violence in 1977 which led to the formation of a task force. The task force identified a need for men's treatment. Other programmes relied on less formal assessments. Seven were responses to needs voiced directly by women's shelter workers or residents. Eight programme leaders ascertained a need for service from the high number of violent men or abused women in their caseloads. The remainder presumed a need based on statistics gathered elsewhere and from their general knowledge of the area. While all of the foregoing are reasonable means of assessing need for service, a formal needs assessment by means of questionnaires to community agencies or more detailed research might provide more convincing evidence to funding bodies that the service is required in a particular community and that general support for the programme exists.

The rationale for men's treatment given by the survey participants consistently matched that discussed in Part I as the basis for early programmes. Recidivism occurs because the woman returns to an unchanged husband or the man repeats the violence in several different relationships. There is a need to go beyond provision of emergency services to women and deal with the root of the problem--the husband's violent behaviour. In some communities (e.g., London, Kingston), coordinating committees had been pressuring police to lay more charges and consequently felt that they should ensure the existence of a viable sentencing option for these expected new convictions. Some family service workers and probation officers felt group treatment would be a more efficient method of dealing with their already sizeable caseloads of individual clients. In addition, well-founded clinical reasons exist for providing the counselling in a group setting; that is, 1. the use of peers to confront denial and reduce social isolation and 2. the establishment of new norms for male behaviour and values.

One group leader stated that part of his rationale for starting men's treatment was a desire on the part of male staff to make a contribution to alleviating the problem of wife abuse. Female staff in the agency were already running programmes for physically and sexually abused women--a treatment area in which the male staff could not participate. One other group leader reported that his rationale became self-evident when he changed his view of wife assault from a systems perspective emphasizing the marital relationship to an interpretation of the problem as lack of anger control in the male.

(c) Typical sequence of events and time frame - Typically, programme development follows a predictable sequence. A significant initiating event occurs such as a needs assessment, a request from a transition house or a rise in violence-related clients on a counsellor's caseload. Informal discussions are held with interested parties and a committee may be formed to oversee the process. A decision is made to form a treatment group and a literature search is initiated. Sometimes government grants may be requested for further research into the community situation. Specific plans are then made for the group sessions. Once this is completed and the counsellors feel comfortable with the format, the programme is advertised via letters, brochures, personal visits and talks with community agencies, and media interviews. The counsellors then sit back and wait for referrals to accumulate to a level where a respectable group can be offered.

While the sequence of events seems to be fairly consistent across programmes, the duration of the entire sequence and of specific component tasks varies considerably. The general rule seems to be that everything takes longer than anticipated. On the average, it took about eight months to develop a particular Canadian programme from initial conception to the first group session. While about half the programmes needed over a year to begin operating, others were running in a matter of a few months. Quick start-up time appears to be a function of: 1. a ready access to referrals, 2. having established ties in the community and 3. low inhibitions on the part of the group leaders to doing the work. Some group leaders spent a year researching the literature and planning for the counselling, while others spent a month. One group leader who spent a long time planning attributed the delay to his own unacknowledged anxiety about doing the work. Programmes which are primarily dependent upon external referral sources such as the justice system or other social service agencies rather than their own caseloads often experience six or seven month delays from initial announcement of the group to actual start-up. These leaders report the need for repeated education and public relations efforts to obtain referrals.

(d) Common development problems - The most commonly reported problem is difficulty obtaining an adequate referral base to begin the first group. Typically, the group leader plans the programme, notifies everyone that it is ready to go and then waits for the deluge of referrals to come rushing in. Frustration and disbelief are the responses when only one or two referrals appear over the course of several months, particularly given the known prevalence of the problem. Resistance in the client population to attend counselling and general "inertia" in health service and corrections systems in using

new programmes seem to be important in accounting for initially low referral rates. Survey participants use the following responses to the low referral problem: 1. maintain repeated and personal contact with potential referral sources to maintain awareness of the programme, 2. set a start date, publicize it and start the group even with as little as two men to legitimize its existence and 3. provide referral sources with very specific referral criteria so they don't mistakably discount appropriate clients. Some of the older groups have found that once the referral base is established and the programme becomes publicized in the media, the opposite problem (too many referrals) may occur. One solution to this problem is to expand the service (e.g., the London programme has run up to six groups concurrently). However, without expanded support the drain on staff resources becomes too high and burn-out is a risk. An alternate strategy is to close the programme to referrals, risking a later drought. An attractive third option is to continue accepting referrals, clearly document a growing waiting list and use this information to mobilize increased community, government or agency support for the programme.

Lack of adequate funding or resources is another common problem. Some group leaders volunteer their time because social service agencies or probation services will not sponsor the programme. Others run the group ostensibly as part of their job description, but in fact, have this as an additional responsibility. Generally speaking, poorly funded programmes experience very limited growth and sometimes disappear completely. The reason for this is that non-paid or over-burdened group leaders do not have the time or energy required to maintain referral contacts. Without continued networking, referrals drop off and the programme flounders. This is extremely unfortunate as the substantial investment of start-up energy is lost and may not be recovered.

Drop-outs were mentioned by some participants as a problem, particularly in the initial groups. Abusive men are difficult clients to reach, and may lack motivation to continue in the group, especially if their wife or partner returns home. Drop-outs are a fact of life with this population and should be expected. Group leaders offer sound advice to deal with this problem: 1. have clear referral criteria and a solid assessment procedure, 2. work on building intrinsic motivation immediately (e.g., by pointing out the costs of his violence; see Ganley, 1981), 3. impose temporary external motivation for non-court-mandated clients, such as a completion deposit, 4. over-book the group assuming a 20 per cent drop-out rate and 5. don't take it personally.

Other problems have to do with the unavailability of good treatment models, insecurity about "doing the right thing" in the group, feelings of isolation, and anger towards the men in the group. Good information on treatment models is now readily available and need not constitute an obstacle in establishing a programme. Attending workshops is one way of combatting isolation and getting feedback on treatment specifics. Establishing a professional support network (even with one other professional) is extremely important in order to deal with inevitable feelings of anxiety and anger which when expressed in the group may be counter-therapeutic.

Some group leaders who work with referrals from the courts report difficulties in dealing with the criminal justice system. These revolve around misuse of the programme by defence lawyers (i.e., sending the man to treatment with the hope of obtaining a dismissal or suspended sentence), lack of control in determining which referrals are appropriate for treatment, and overly conservative attitudes of justice system personnel. The issues relating to working with court-referred clients will be dealt with in Section 7. However, it is clear that anyone undertaking the task of running a group for wife assaulters should expect to spend considerable energy educating professionals in the justice system, social service system and community at large in order to maintain an adequately functioning programme. Resistance may also arise among the ranks of one's own agency if treatment philosophies differ or if there is resentment over agency resources being allocated to a men's programme.

5. Funding

(a) Funding sources and current level of support - Programmes for wife assaulters tend not to be supported directly by government or private funding agencies at present. As Table 3 indicates, only five programmes receive direct funding ear-marked specifically for men's treatment. The total direct funding for these programmes ranges from \$1,320 to \$35,350 per year and averages about \$18,150.⁽¹⁾ The money is almost exclusively devoted to counsellors' salaries for running the groups, conducting assessments and seeing husbands or wives for additional individual sessions. Public education, consultation time and preparation are generally not included in these grants.

Table 3

Current Funding Mechanisms for Canadian Programmes

<u>Funding Mechanism</u>	<u>Number of Programmes</u>
Direct government or private funding	5
Indirect support through a parent agency where the men's group is officially recognized as part of agency programming	11
Indirect support through a parent agency where the men's group operates unofficially	4
No support	4
TOTAL	24

1. One programme's budget was cut in half to calculate these figures as the funds are used to deliver service to the offender and victim about equally.

Four programmes receive no support whatsoever and operate completely on a voluntary basis. One of these programmes charges a fee for service which allows the counsellors to make a very token salary (i.e., \$300 per year). In two other cases, agencies were approached to act as sponsors, but none agreed to take on this role. The fourth programme is in the process of seeking support. Overall, 13 programmes reported using some volunteer labour to provide the service. Fifteen programmes operate within the context of an existing agency or agencies and are supported to varying degrees by utilizing agency resources. In 11 of these cases, there is some recognition of the men's group as part of the regular agency programming. In the other four cases, the group runs on an unofficial basis within the agency. Typically, the agency provides counsellor time, space and materials for the group. However, the conditions under which counsellor time is supplied vary considerably. Often the counsellor must maintain a regular workload and receives "in lieu" time to do the group. This "in lieu" time frequently does not get used by the busy counsellor. Public education or promotion of the programme either do not occur or are accomplished on the counsellor's own time in many of these settings. The inclusion of a men's programme may provide a mixed blessing for a social service agency. While a domestic violence component may make the agency more attractive to the funder of the agency, there are not likely to be additional funds forthcoming for the programme. Therefore, agency resources may be diffused and staff workloads increased to accommodate the programme. At the same time, the existence of a programme within an agency ensures that no direct funding will be allotted for any other men's treatment in the community.

Several agency-based programmes charge a fee for service to the client--usually on a sliding scale and with flexible conditions. The concept of having men pay for their treatment is appealing both from a financial and therapeutic point of view (i.e., it provides the client with motivation to change). However, the high unemployment rate among assaultive males precludes the full support of a programme in this fashion. It can realistically be viewed only as a means of augmenting a subsidized programme.

(b) Adequacy of funding and specific needs - Only five group leaders describe their funding as "adequate". Most feel that the equivalent of one or two full-time counsellors is required to operate a good men's programme, depending on the degree of service desired. One full-time or two half-time counsellors appear to be the minimum staff requirements for running one group, conducting assessments, interviewing the man's partner and promoting the programme. Most men's programmes are currently a compromise between the desirable (not the ideal) and what is possible given limited resources.

Several group leaders voiced concerns that current funding levels do not allow time for evaluation and research relating to their work. Service delivery occupies all their time and data-based programme development is not possible. In a relatively new field this concern is a particularly valid one. In addition, the lack of concrete evidence that the treatment is effective (i.e., lack of evaluation research) may leave programme leaders with a weak case if agency or government support is cut or taken away altogether.

Despite a general discontent with funding levels, only nine leaders have approached the federal or provincial governments directly for support. Of those who have not applied for funding directly, some are civil servants who cannot apply. Others want to ensure that their programme is running well before they apply. The remainder are either too busy, feel there is no direct funding to be had or prefer to seek additional support through their parent agency. Of those programmes applying for direct funding, the Vancouver Assaultive Husbands Project (funded by B.C. Ministry of the Attorney-General-Corrections Branch and cost-shared in the start-up year by the Solicitor General of Canada) is the only one to receive acceptable levels of support for service delivery. Other programmes have received minimal assistance from Canada NEEDS grants and some have received funds for training or research from government bodies.

(c) Women's programmes versus treatment for men: who gets priority? - Several group leaders voiced concerns about men's treatment diverting resources from women's programmes. Some are reluctant to apply for funds for this reason. This is clearly a legitimate concern for both men and women working in the area of wife assault and there are no simple solutions to the problem. There are, however, some suggestions that may help to reduce the likelihood of a diversion. First, the existence of a women's shelter in the community should be a prerequisite to the establishment of men's programming. Immediate protection of women must be the first priority. Second, integrated service delivery for men and women might allow a reasoned, collective decision about the apportioning of resources for support and therapy services, rather than having several groups or agencies compete independently for the same funds. Community domestic violence committees may also serve to coordinate funding in a fair and reasonable manner. Finally, men's groups may avoid competing for funds with women's services by viewing the problem as criminal in nature and prevailing upon the provincial corrections system for support. This approach may leave more of the precious social services and the United Way dollars for women's programming. However, the problems raised earlier regarding attitudes of justice system workers would have to be confronted directly if such an approach were taken. Notwithstanding the foregoing suggestions, it should be kept in mind that both men's and women's programming have the same ultimate goal--the protection of women.

6. Clientele

(a) Characteristics of men in Canadian programmes - Survey participants were asked to provide general estimates of the demographic characteristics of the men using their service. This information is summarized to give the reader a flavour for the types of men receiving counselling in Canada. Typically, the men are in their late twenties or early thirties, though all programmes report some contact with a wide range of age groups (i.e., from late teens to fifties and sixties). This is consistent with the proposition that men are more likely to seek treatment in the early stages of their marriage than they are later in life when violence has become a more solidly-ingrained pattern. Of the 19 programmes which were able to provide estimates of educational level, 15 report the typical man as having a high school education or less. The other four report a "mix" of educational levels with no specific trends. Despite the predominance of men with high school or less, the majority of programmes have

provided counselling to the whole range of men from grade school education to post-graduate degree holders. Occupational status shows a similar trend. Clients tend to be skilled or unskilled labourers, though most programmes have also seen senior management and professional men. It is unclear whether the predominance of blue collar workers in these programmes reflects the relative prevalence of the problem in these men or differential referral and help-seeking trends. Research with abused women has tended to show similar demographic trends; however, these are generally attributed to the fact that transition houses receive a non-representative sample of women rather than to a disproportion of family violence in lower socioeconomic groups.

Partner relationship - On average, programme leaders estimate that about 45 per cent of men entering their groups are separated from their partners. While most report no change in this figure by the end of counselling, five leaders feel there is a slight tendency for couples to reconcile before the men complete the programme. This trend is consistent with reports that some couples reconcile even when the man is not in treatment. The issues of how separation affects help-seeking behaviour in the man and conversely how the man's decision to seek help affects the likelihood of reconciliation are extremely important. On the first point, programme leaders universally agree that pressure from the wife (often through separation) is the prime motivator for non-court-referred men to seek help. The effect of men's counselling on the woman's decision to renew the relationship is more difficult to determine. Given the universal policy across men's programmes of not counselling or working toward reconciliation and of attempting to reduce the man's dependency on his partner, men's programming probably does not contribute substantially to dangerous reconciliations. Crucial safeguards against such occurrences may be 1. contact with the woman to provide her with realistic expectations about the man's prognosis and 2. provision of some counselling for her to aid and support a decision which ensures her safety.

Types of behaviour problems - The majority of the programmes surveyed accept men with a range of abusive behaviour and group membership tends to be somewhat heterogeneous on this dimension. Typically, the level of abuse ranges from an isolated push or slap to repeated battering requiring the victim's hospitalization. The most usual scenario appears to include a man who has used minor forms of violence on a number of occasions and more serious injury-producing violence once or twice. Emotional or psychological abuse is used by nearly every man who uses physical violence. Most programmes will accept men whose abuse is solely psychological, though these men less often seek treatment. One programme (Toronto) requires at least one incident of physical abuse for admission. Another (Calgary Forensic Services) admits psychologically abusive men only if there is a perceived risk of physical violence. Others give priority to physically-abusive men (e.g., Guelph). Psychologically abusive men make up a substantial proportion of the client population in two programmes (St. Catharines, Vancouver-Family Services). A third programme (Calgary-Anger Management Programme) accepts both men and women into the same group for problems with abuse. While few women are presently involved in this programme, the integration of both genders in such counselling groups is at variance with current practice.

Programme leaders estimated that on average only about 20 per cent of their clients are also violent outside the marital relationship. Three programmes screen out generally violent men, preferring to deal with a more homogeneous group. Two of these programs operate within forensic units and can offer the generally violent men other counselling. Most programmes accept the fact that since violence is learned, there will be some generalization of the response to outsiders and, in fact, many of the same counselling techniques used to alleviate wife assault (e.g., anger management) will also reduce this general violence. However, several counsellors felt that generalized violence would be more resistant to counselling. Ultimately, this is an empirical question for which there is no definitive answer at present. The reality is that most groups seem to operate satisfactorily with a mixture of generally violent men and those whose violence is specific to their wife or partner.

Group leaders on average estimate that about 68 per cent of their clients who had been in a previous relationship had also been violent in that relationship. However, many of the men in the groups had only been involved in one live-in relationship. Single relationship men may be more able to resist the group's challenge to their rationalization that the wife is to blame for the violence. However, the presence of multi-relationship offenders allows the counsellor to illustrate that violence rarely disappears when the "offensive" woman is replaced by a new one. This can often motivate the younger male offender to examine his own responsibility for the violence.

(b) Number of men in treatment - Counsellors provided rough figures for men who were seen in their programmes in 1983. The overall figures for men beginning treatment ranges from six to 60 over the course of the year, depending, of course, upon how well the programme is developed, length of treatment and the number of groups offered. The average number of men seen in the year is 25. About one third of the total of 600 men drop out before completing the treatment cycle. This rate varies considerably from no drop-outs in one group to 80 per cent in another. Obviously programme structure and content, the presence or absence of a court order, and client selection all affect the drop-out rate. No pattern is discernible from the data other than the obvious tendency for court-ordered men to remain in treatment. However, prospective programme developers should be aware that about three of every ten men who begin treatment will not finish unless ordered by the courts to do so.

Group size for a given session varies from two to eighteen men. The consensus among group leaders is that an optimal group size was eight. Larger groups may raise inhibitions above the desirable level and cause some men to become "lost in the crowd". Smaller groups allow more in-depth work, but reduce efficiency and don't provide the critical mass necessary for good group interaction. Given the expected drop-out rate, it may be necessary to begin a group with ten to eleven men to achieve the desired number by mid-group.

(c) The process and sources of referral - Table 4 illustrates the variety of referral sources utilized by Canadian programmes for wife assaulters. Most programmes receive clients from many different sources, particularly if they are well-established in the community. Women's shelters are most frequently cited as a source of referrals. Usually, the shelter staff provide information about the programme to the woman who then passes it on to her husband. Shelter workers also give information directly to the men when they call. A close working relationship with the shelter facilitates the referral process by enabling the workers to be up to date on the details of the men's programme. In Windsor, Hiatus House operates both the shelter and the men's programme. The shelter workers there frequently do brief crisis counselling (often behind the steel doors of the shelter if the man appears at the House) and then refer the men to the Fresh Start group leader. This arrangement seems to work well for both programmes.

Family and social service agencies are common sources of referral. Very often men are channeled into the men's group from internal caseloads of family counsellors, probation officers or crisis workers employed in the parent agency. Thirteen programmes receive referrals from the courts, though only four programmes (Portage La Prairie, Calgary-Forensic Services, Edmonton and Vancouver Assaultive Husbands Project) see the courts as their primary source of referrals. Self-referral is a common route for programme entrance and usually peaks following media coverage of the service. At present, very few programmes receive referrals directly from police who intervene in wife assault incidents. One area in which this does occur is London, Ontario where the police are actively involved on the coordinating committee and are well aware of the programme. Overall, the police appear to be an underdeveloped, but potentially useful source of referrals for men's programmes.

Seventeen programmes do not give priority to any particular referral source. The other five give first priority to court-referred men. Most programme leaders have attempted to publicize the programme by mailing brochures, visiting social agencies, giving workshops and granting media interviews. It appears that publicity efforts must be maintained for some time to keep referrals coming in unless there is a strong source of clients from within the parent agency. In any event, repeated contact with referral sources is required to maintain and update knowledge about referral criteria and the status of the programme.

Most programmes require the client himself to phone the group leader or an intake worker to set up an appointment for an intake interview. It may be important to have the men have contact with someone who can describe the programme and talk to him about his problem upon initial phone contact. This procedure might serve to reduce the incidence of men not showing up for the initial assessment interview (which leaders report to be anywhere from 0 to 50 per cent). The Edmonton programme now requires men to come in person to refer themselves as a way of reducing missed intake appointments.

Table 4

Referral Sources Cited by Programme Leaders (N=22)*

<u>Referral Source</u>	<u># Programmes Citing Source</u>	<u># Programmes Citing Source as the <u>Primary</u> Source of Referrals</u>
Women's shelter	20	3
Family service agency	13	2
Social service agencies	9	1
Courts	13	4
Probation	4	-
Private physicians	5	-
Internal (within agency or setting)	8	6
Self-referred	13	2
Social worker in hospital	2	-
Police	2	-
Churches	1	-
Children's aid	2	2
Alcohol and drug programmes	2	-

* Two programmes (Eganville, Charlottetown) had not yet received any referrals as their programmes were still being planned.

Intake assessments are generally done by one or both of the group leaders. This allows the man to develop some rapport with his counsellor before entering the group. In St. Catharines, the assessment interview is done by an individual counsellor in the agency and is subsequently referred to the group which is led by another therapist. The Guelph programme selects a counsellor from the domestic violence team within the agency to do the assessment interview. However, once the man is accepted into the programme a "connection" interview is set up with one of the group leaders to provide the man with some personal contact before beginning the group. Having some contact with the group leader in advance seems helpful to the men and should be done if resources allow.

7. The Issue of Court-Mandated Treatment

Twenty-one of the programme leaders surveyed favour court-mandated treatment and 13 of the programmes have actually provided counselling to these men. For those 13 groups the percentages of court-ordered men seen varies from 7 to 100 per cent of the total client population. In five cases (i.e., London, Portage La Prairie, Calgary Forensic Services, Edmonton, and the Vancouver Assaultive Husbands Project) the percentage of court-ordered men is 50 per cent or greater. Two programmes have not seen court-ordered men because their parent agency have a policy of working only with voluntary clients. The remaining programmes have simply not had any referrals from the courts for various reasons. In one instance (Moncton), the group leader had approached the courts to work out a formal referral arrangement, but had been told that this could only be arranged once his programmes was "more firmly established". In effect, an attempt to gain legitimacy and a solid referral base was thwarted because of the very deficiency he was trying to remedy. These "Catch-22" situations can be very frustrating for young programmes. Other programmes simply prefer to work with voluntary clients and have not been motivated to foster links with the courts.

The majority of the programme leaders felt that court-mandated treatment is advantageous for a number of reasons. The primary advantage mentioned is that a court order forces men into treatment who wouldn't otherwise seek help and keeps them there long enough to gain some benefit from the group. There is a general consensus that voluntary men are motivated to enter treatment almost universally to prevent a imminent separation or to end a current one. This motivation presents two major problems. Firstly, it places the onus on the woman to force the man into treatment--something that may be difficult for her to do. Secondly, once the marital situation is resolved in favour of separation or reconciliation, the external motivation is removed and the man is at-risk for dropping out. Given that almost all men seem to be initially coerced into treatment, the court-order appears to be a preferable reasonable alternative to partner-coerced treatment. Other advantages of court-mandated treatment pointed out by group leaders are that it helps legitimize the programme through association with an established societal institution, it impresses upon the man and on the rest of society that wife assault is a crime, and it reminds voluntary men in the group of possible consequences of further violence.

The major concern about court-mandated treatment is that these men are generally more resistant because they are being coerced by an external authority. While the majority of group leaders feel confident that this resistance can be overcome in most men, many state a definite preference for a mixed group containing some voluntary men. It is felt that the presence of voluntary men who may be less resistant initially can serve to set a more positive climate in the group and facilitate more involvement by court-ordered men. The message that some men are willing to seek help voluntarily may make court-ordered men feel the process is worthwhile. Consequently, a mixed group is mutually beneficial for both voluntary and court-ordered men. It is unclear what proportion of court-ordered clients is ideal for maximizing group functioning. However, two group leaders stated a policy of having a majority of their men attend on a voluntary basis (Guelph, Winnipeg-Family Services). Other programmes see a majority of court-referred men (e.g., London, Portage La Prairie, Vancouver Assaultive Husbands Project). Clearly, individual differences exist within men from different referral routes and each group must be assessed for initial motivation. It may be useful to ensure that there are two or three client "facilitators" in the group if possible. The counsellor's task with the men, whether court-ordered or not, is to ensure that motivation becomes internal. An emphasis on personal responsibility for the violence and on the negative consequences of the violence for the man himself, will aid this internalization process. Group leaders reported that the opportunity to discuss their feelings, the support of group members and the realization that violence was a problem eventually resulted in most men becoming self-motivated.

Some group leaders are concerned about placing themselves in a power position vis-à-vis the client. As mentioned, this concern is especially relevant for court-ordered clients. Counsellors feel that this unequal power position might increase resistance and would be inconsistent with attempts to reduce the man's authoritarian approach toward his wife. This concern illustrates the difficult balance that group leaders must strike in their dual roles as authority figures and helping professionals. Acting as an extension of the law may force the counsellor to re-evaluate well-learned values concerning the counsellor-client relationship. Role strain may be most extreme in situations where the group leader is also the man's probation officer. In this case, it may be best to arrange a division of labour so that the dual role is minimized. For example, in London, leaders Trevor Jones and Roger Newell try to ensure that when one of them is the man's probation officer, the other is the group leader. Counsellors in the Vancouver Assaultive Husbands Project who work on contract for the corrections system are careful to differentiate themselves from that system when doing the counselling to minimize resistance. Where two counsellors are leading a group, one may "play the heavy" in enforcing the order if necessary while the other maintains a closer therapeutic rapport with the man.

Some group leaders expressed concern that in accepting court-ordered men into the group, they would lose control over admissions. That is, judges might sentence a convicted offender to attend the group and the group leaders would be unable to refuse the man on the grounds that he is inappropriate for the group.

This situation is unacceptable from a therapeutic point of view, but can occur if mechanisms are not in place to prevent it. One solution is to ask for referrals post-conviction, but prior to sentencing. The client is then referred to the counsellor for an assessment of his suitability for treatment. A formal order would be made only after the man was deemed appropriate for the group by the counsellor. In probation settings, the assessment may take the form of a pre-sentence report. Counsellors working outside the corrections system might enhance control over admissions by developing a close working relationship with corrections personnel who deal with domestic assault cases and by making clear their need to have final say over group membership.

Another concern voiced by group leaders is that defence lawyers might use the group as a ploy to influence disposition of the case in the man's favour. For this reason, some programmes (e.g., Vancouver Assaultive Husbands Project) do not conduct an assessment of a man involved in the court process until after he is convicted. This procedure decreases the chance of a man being acquitted because he is voluntarily seeking help. It can be urged that conviction is preferable to diversion because the message to the man is clearer and the enforcement of treatment is ensured through clear specification on a probation order supervised by a probation officer.

Trevor Jones of the Changing Ways programme in London makes an interesting argument for accepting men pre-conviction. He argues that prior to conviction men are extremely anxious, making them more open to change. The trial process may function to reinforce the man's denial of responsibility if he pleads not guilty and hires a lawyer to defend him. Engaging a man prior to this court process allows the counsellors to break down this denial before it is reinforced, and at the same time take advantage of the man's openness to seeking help. In addition, the woman is protected more adequately as the offender is involved in treatment earlier, rather than just "floating around" until his trial is completed. Concerns about softening the final court dispositions by offering treatment at the pre-conviction stage (i.e., a man already seeking treatment might be let off more lightly by the judge) may not be warranted. According to research carried out in London, treatment is the most severe disposition made by the courts in cases of wife assault: generally, men are acquitted, the charges are dropped or they are convicted and placed on probation--jail is an unusual disposition.

While these arguments are persuasive, it still may be that early involvement in treatment influences the acquittal rate and that those men who are acquitted may be more likely to then drop out of treatment. In this case, the man would have learned to beat the system and his denial of responsibility would likely be reinforced. Research evaluating the differential effectiveness of intervention at various points in the criminal justice process is required to answer these questions. At present programme leaders should organize their intake with the courts in a fashion that considers the need to engage the man in counselling quickly, while at the same time maximizing the chances of a clear justice system message that wife assault is criminal behaviour for which the man is accountable.

If a man is accepted into a therapy group as a condition of his probation, the group leader may have to deal with non-compliance with the order. Non-compliance may occur in two forms: non-attendance at the group, or non-participation in the group although the man attends the session. The first form is relatively easy to handle if a clear criterion for non-attendance is established in advance (e.g., missing two sessions without a valid reason) and good attendance records are kept. The man is simply returned to his probation officer who may then initiate a breach charge. The second form--non-participation--may be more difficult to handle due to the ambiguity of the term. If possible, it is advisable to ensure through the probation officer or Crown counsel that the order specifies "attendance and participation to the satisfaction of the therapist". This allows the man who attends, but blatantly refuses to participate, to be breached. Operationalizing "participation" by requiring the man to produce a weekly assignment (e.g., completion of an anger diary) may allow a clearer case to be presented in the courts. However, it should be kept in mind that cases of persistent non-participation should be relatively rare given a compelling group process. Few men will be able to resist becoming involved if they stay in a well-run group.

One group leader complained that men who refused to comply with an order to attend were returned to court only to have the order dropped. While this situation is frustrating and counterproductive, all the group leader can do is attempt to educate the judiciary as thoroughly as possible and provide them with the necessary documented evidence which will encourage them to ensure serious consequences if court-ordered clients refuse to comply.

8. Staffing

(a) Qualifications - Clinical work with wife assaulters is a relatively new area and as such formal training does not always indicate the most crucial qualifications necessary to provide competent service. Nonetheless, Table 5 illustrates that the majority of men and women currently providing such counselling (30 of the 45) have formal training in either social work or clinical/counselling psychology. Relatively fewer medical personnel and criminologists are involved in this work. The 10 counsellors categorized as "miscellaneous" reflect the diversity of backgrounds contributing to staffing in these programmes. These individuals have had less formal training, but have had informal training and work experience in the corrections field, alcohol and drug counselling, transition house's or general psychotherapy. One counsellor who holds a Master's degree in history also had received training in family counselling and the Emerge approach to counselling assaultive husbands. The majority of the staff surveyed have had at least some previous experience leading groups and all are familiar with the literature in the family violence area. Many have attended or given workshops on family violence. Whether formally trained or not, staff have generally involved themselves in a process of self-education through reading, workshops and exposure to the client population as preparation for doing the work.

Table 5

Formal Training of Staff Members

Social work training	17
Clinical or counselling psychology training (M.A., M.Ed., Ph.D.)	13
Medical degree	2
Registered nurse	2
Criminology (M.A.)	1
Miscellaneous	10
TOTAL	45

Survey participants were asked to say what they feel the optimal qualifications are for counselling assaultive men in a group setting. The most crucial training cited is 1. experience with and understanding of group process, 2. specialized training in the area of family violence and 3. general therapy experience. Many feel that formal training as a helping professional would be useful, though some others think it is unnecessary given the appropriate skills and personal values. Two group leaders specifically cited training as a psychologist as important for improving the thoroughness of the assessment procedure.

Aside from training requirements, survey participants outline a variety of personal qualities and values that they feel to be crucial in doing the work. Maturity and an awareness of one's own socialization, values and violent behaviour (broadly defined) are considered important, as is an ability to openly discuss violence and deal therapeutically with male vulnerability. Counsellors should also understand their own anger--especially as it relates to working with violent husbands--and find ways to deal with the anger that are not counter-therapeutic. Some group leaders feel that a non-sexist approach, familiarity with women's issues and an appreciation of the broader social context within which wife assault occurs are necessary for effective counselling. Overall, group leaders emphasize the importance of a value orientation in which 1. the man is held responsible for his violence, 2. violence is seen as unjustified no matter what the perceived "provocation", 3. women are not seen as masochistic, 4. there is some acknowledgement that societal institutions help to maintain violent behaviour, 5. there is acknowledgement that violence is learned and will be repeated without intervention and 6. marital counselling (joint counselling with a view toward reconciliation) is not recommended as the initial form of intervention. This value orientation is elaborated by Purdy and Nickle (1982) and Pressman (1984).

(b) Other staffing issues: co-counselling, gender and burn-out - Table 6 illustrates that the majority of Canadian programmes use a two-counsellor system. Overall, the survey participants support the concept of co-counselling in working with assaultive men. The presence of two counsellors can enhance the therapeutic process by allowing for role-playing demonstrations not involving the clients, increasing the generalization of modelling, and improving counsellor attention to non-verbal cues. Two counsellors may also be able to complement each other's fluctuating energy levels and can function to provide mutual feedback on therapeutic style. Given the stressful nature of the work, co-counselling can also help prevent burn-out by providing a built-in support system. Problems with co-counselling revolve around reduced efficiency and the necessity to coordinate and share in the work. Clearly, if an individual is going to lead a men's group alone, it would be advisable to ensure that support and feedback are available from some other source.

With reference to gender, Table 6 shows that the majority of Canadian men's programmes are led solely by men. Despite the preponderance of male group leaders, the opinion among those surveyed is that a male-female mix could be workable and some felt it was preferable. A mixed counselling team allows the modelling of non-traditional male-female interaction and facilitates the role-playing of marital conflicts. Having a female present provides a woman's perspective and ensures an "air of reality" vis-à-vis the woman victim. The men have an opportunity to interact with a female who can be both nurturing and assertive. However, the benefits of a mixed approach presuppose a strong, assertive non-traditional female therapist and a co-therapist relationship that is consciously egalitarian. Otherwise, there is a risk of reinforcing old stereotypes. The advantages of an all-male group are that modelling of appropriate male behaviour and values is strengthened by presenting two distinct, but consistent male models. The message that men are taking responsibility for reducing their violence is transmitted more definitely by having male counsellors. One group leader (London) observed that all-male groups tend to focus more on men's issues, whereas mixed counsellor-led groups emphasize the relationship and understanding the victim more strongly. Having two female group leaders may be contraindicated by the risk of creating an "us against you" atmosphere and the possibility of reinforcing the traditional role of women as caretakers for men. However, Anne Ganley's work in Tacoma, Washington suggests that a sole female counsellor is potentially workable. The ideal appears to be two men or a mixed team. The relative pros and cons of each alternative need to be weighed by the individual programme and implemented under the limitations of available resources. A single counsellor approach may be the only alternative under conditions of resource scarcity. This approach appears workable given the presence of a solid support system for the counsellor.

Counsellor burn-out is a risk in working with any volatile, needy or resistant client population. Assaultive men generally possess all three characteristics. Add to this strain, dealing with the ignorance of other professionals about the dynamics of assault, an inconsistent justice system response to the problem, the frequent incidence of dangerous reconciliation, and inadequate funding for your efforts, and you have the ingredients for rapid burn-out. The collective wisdom of the survey participants suggests the

Table 6

Co-Counselling and Gender

<u>Counsellor Arrangement</u>	<u># Programmes</u>
Two males	9
Male/female mix	7
Single male	8
Single female	-
Two females	-
TOTAL	24

following preventive measures: 1. work with a partner for support and division of labour, 2. try to establish agency backing for your programme, 3. divide your time between family violence work and some other endeavour, 4. take steps to ensure your physical safety and 5. set reasonable limits on the service you can provide. Reading up on the symptoms of burn-out may aid self-diagnosis and prevent the inadvertent provision of mediocre service by those who need a rest.

9. Assessment

(a) Format - All programme leaders conduct individual interviews with the men in order to assess their suitability for the group. The purpose of these interviews is to collect relevant information about the man's current situation and background, to screen out inappropriate referrals and to provide the man with preliminary information about the group. Typically, the assessment consists of a one hour-long interview with the man. A few programmes provide for more than one interview. For example, the two Winnipeg programmes use the Minnesota Domestic Abuse Project format which requires two 2-1/2 hour sessions to complete. The Edmonton programme requires a lengthy testing session followed the next week by an interview with the group leaders and a brief screening interview with the chief psychiatrist who checks particularly for neurological impairment. The Montreal and Moncton programmes use two and three interviews respectively in order to give the man more opportunity to talk without an imposed structure and to provide a buffer between being referral and entrance into the group. Two groups (Guelph, Mississauga) conduct simultaneous, but separate interviews with the husband and wife for assessment purposes. In the Guelph programme the detection of major disparities between the husband's and the wife's reports results in further interviewing with the husband to probe more deeply for accurate information.

(b) Information obtained - Every programme uses a slightly different set of questions to assess men for their group. However, there is a good deal of consistency in terms of the basic information collected. Specific information about current and past violence, relationship history, family of origin, current stressors, medical and employment history, and previous counselling is routinely obtained. An assessment of the man's denial, motivation and specific goals is also made by group leaders in the initial interview. Since literature is available from established American programmes describing useful assessment information and methods for obtaining it (e.g., Ganley, 1981; Stordeur, 1983; Emerge, 1981), assessment procedure will not be discussed in detail here. However, some observations regarding current assessment practice in Canadian programmes are useful.

First, while group leaders appear to be very thorough in assessing patterns of violence, early learning experiences, relationship issues and current stressors (information consistent with an interpersonal approach to explaining the violence), few programmes screen very thoroughly for brain damage. Basic screening questions about brain trauma, dizziness, headaches, memory impairment, precipitous changes in the pattern of violence, and brain disease are not consistently included in most assessment schedules. While neurological impairment does not necessarily preclude counselling, it might be fruitful to combine counselling with medical intervention where appropriate.

A second observation is a noticeable lack of psychometric testing as part of the assessment process. Only seven programmes use any standardized measures at all and only three programmes report extensive psychometric testing (Calgary-Forensic Services, Calgary-Anger Management Programme, Edmonton). The reason for primary reliance on clinical interview information is that standardized testing is time-consuming and unfamiliar to many group leaders. Two very simple standardized instruments currently in use by some programmes are the Straus Conflict Tactics Scale (Straus, 1979) and the Beck Depression Inventory. These instruments are easy to administer, score and interpret. The Conflict Tactics Scale provides the counsellor with a standardized assessment of violence in the relationship, while the Beck Depression Inventory yields a depression score that can be compared to general population and psychiatric norms. Another potentially useful instrument is the Heimler Scale of Social Functioning which is a structured interview scale yielding scores for several areas of social functioning (e.g., work, friends, family, moods, habits, energy, etc.). This scale may be useful for assessing changes in general functioning over the course of treatment. Finally, the Minnesota Multiphasic Personality Inventory is a lengthy, but self-administered instrument allowing the counsellor to screen for psychopathology on a number of dimensions. While interpretation of the scores requires some training, computer scoring and interpretations are readily available and can usefully supplement clinical impressions.

Finally, it should be recognized that the pre-screening interview serves a number of diverse functions and may be the most crucial part of the treatment process. During the interview, the counsellor must obtain specific background information, screen for psychopathology, ascertain the degree of lethality (or danger the man embodies for his wife and others), build rapport and motivate

the man to pursue treatment. Group leaders endorse a matter-of-fact, non-judgemental approach to the intake interview emphasizing a focus on the specifics of the violence and on building personal responsibility in the client. It may be that one interview is insufficient to effectively accomplish the above goals and where resources permit two sessions should be scheduled. Alternatively, introductory group sessions may serve the functions of motivation and rapport-building.

(c) Exclusion criteria - Three criteria for excluding men from the group are almost universally used in the programmes surveyed. These are: 1. an ongoing and severe alcohol or drug problem where the man was not receiving treatment, 2. severe psychopathology such as psychosis or "psychopathy" and 3. extreme resistance or denial. Most programmes accept alcoholic men if they are receiving treatment for this problem concurrently and are sober when they attend the group. Some insist that the man complete alcohol counselling before entering group treatment. Psychosis constitutes a problem inasmuch as it can cause disruptive behaviour in the group and would be resistant to normal verbal interventions. However, a few group leaders prefer to be inclusive in their approach and attempt to deal with aberrant behaviour and intrusive thoughts within the group context. Excluding resistant men usually only occurs when the man either refuses to attend or is unwilling to acknowledge the violence or show any desire to end it.

Men who are judged to be at high risk for suicide are sometimes excluded from groups, though a more reasonable approach might be to offer the group as a support network, while ensuring that the man also receives concurrent individual psychiatric care. Neurological involvement is an exclusion criteria for some groups, though the programme dealing most extensively with neurological intervention (Edmonton) has a general policy of combining medical and group counselling approaches for these men. Generally violent men and those judged dangerous to the staff are explicitly excluded in some groups, as are men who cannot communicate in the language used in group sessions.

Despite the existence of exclusion criteria, the general trend across programmes appears to be inclusion rather than exclusion. Most programmes turn very few men away who are willing to participate. If a man is excluded, counsellors generally make a referral to a more appropriate treatment programme.

(d) Other sources of information - Most group leaders do not report obtaining information from sources other than the man with the exception of the wife or partner. Only five state that they consistently contact the referral source, probation officer or former counsellors to obtain information about the man. Sixteen report contact with the wife or partner to obtain information, but some do so inconsistently and others do so only if permission is given by the man. The issue of contact with the wife or partner will be discussed in Section 11.

Generally speaking, third party information about the man's violence and background can be very helpful in confronting the man's denial, though this confrontation must be pursued with due consideration for the safety of the third party. A programme policy establishing this information exchange might ultimately improve the quality of treatment.

(e) Assessing lethality - Sixteen programmes consciously include an assessment of the man's lethality; eight do not. Thorough lethality assessment concerns the likelihood of both suicide and homicide. Suicide risk is assessed by obtaining information about the frequency and specificity of suicidal ideation, the intention to commit suicide, feelings of hopelessness, level of discomfort and agitation, degree of isolation, and the availability of implements (i.e., pills and weapons). Steps may be subsequently taken to reduce the risk, such as the provision of crisis numbers, arranging social support, drawing up a behavioural contract about suicide, and arranging for medication or hospitalization.

Assessment of homicide risk is more crucial given the nature of the referral problem. Relevant information obtained from the man includes his reports of the pattern and severity of violence, current ideation or fantasy about violence toward his partner, access to weapons, access to his partner, current mood and degree of desperation (e.g., "If I can't have her back, neither of us should live"). Asking the man (or his partner) whether the police have been called or whether the woman has been hospitalized as a result of the violence may provide clues about the risk for serious injury or homicide. A number of group leaders maintain that the lethality problem can only be thoroughly assessed and dealt with through contact with both partners. The wife may provide crucial information about the severity and pattern of the violence. Her fear level may be the best indicator of the danger involved. Several leaders stress the importance of working out a protection plan with the woman (i.e., remaining apart or seeking shelter, having emergency numbers available, planning an escape route, protecting her head and neck, calling for help, etc.) and some maintain that the best way to ensure her safety is to have ongoing contact with her in some form. Several programmes do this through victim's groups associated with their men's programme.

While one group leader maintains that the woman must take responsibility for ensuring her own safety, this surely should not preclude help from objective third parties. The partners of these men are often confused and distraught and may not be in contact with shelter workers or other counsellors. Since the primary goal of men's treatment is the protection of women, the men's counsellor has a responsibility to do everything possible to facilitate immediate safety for the victim. A laissez-faire attitude toward lethality is unacceptable. Consequently, it is for a consistent practice to be established across programmes regarding this issue.

10. Therapy

(a) Group structure - Table 7 represents an attempt to classify the groups according to structure. Even using this rather simplified system, one can see that programme structure varies considerably. Clearly, no format exists which completely satisfies the diverse demands of the clinical situation. However, group leaders were able to articulate definite advantages and disadvantages of the different formats. These will be elaborated in this section.

Only four programmes are set up using an open format; that is, men enter the group at any point and stay as long as they wish. There are variations within open format programmes in that some require men to commit themselves for

Table 7

Programme Structures

<u>Structure</u>	<u># Programmes</u>
Open format	4
Nine or ten week closed format	10
Thirteen week closed format	1
*Eight or ten week repeated cycles	4
Two sixteen week phases	2
Twelve weekly, six monthly sessions	1
Sixteen week/staggered eight-week intake	1
Fourteen sessions, bi-monthly	1
TOTAL	24

a minimum number of sessions (Montreal, Guelph), some require re-commitment at specified intervals (Guelph) and others require no specific time commitment (Ottawa, Edmonton). The advantages of an open format are that 1. men do not have to wait for the start of the next group to begin treatment, 2. each man may take as long as he needs to accomplish change and 3. new ideas and energy are infused into the group with each new group member. Group "veterans" are able to effectively confront values, teach concepts and generally act as models for newer group members. At the same time, the presence of new blood helps the older members solidify changes and encourages them to eventually terminate their own therapy. The concerns about an open format are that the influx and departures of group members might inhibit the formation of trust and group cohesion, that the presentation of sequenced material becomes difficult, and that staff members must remain the same throughout the duration of the group. Group leaders who use an open format have not found group cohesion or the ability to present information to be significantly impaired (unless a rigid sequence of presentations is desired). However, the staffing issue is a crucial one which must be duly considered before beginning such a programme. One final drawback to the open format is that many men take a considerable amount of time to complete the process. Thus, if the group is limited in size, there will be fewer available spots in the group. This necessitates the formation of more groups or the limitation of service to a smaller number of men. However, this may be preferable to forcing men through in a predetermined time period.

* Since many of the programmes classified as "closed format" allow men to repeat the group, classification of "repeated cycle" programmes was somewhat arbitrary. Programmes are classified as such if repetition is explicitly encouraged and does, in fact, occur in a substantial proportion of cases.

A larger number of programmes use a closed format lasting nine, ten or thirteen sessions. One other programme (Calgary-Forensic Services) uses a 16-week closed format followed by six monthly sessions to slowly "wean" the men off the programme. Some closed programmes do not admit men once the group has begun, though the majority allow additional men to join the group up to the second or third session if there are places available. These discrete groups are generally offered three to five times per year with a short gap between each group. Closed groups are ideal for presenting sequenced information and serve to promote an air of privacy, trust and cohesion among group members. They also give the group leaders some time off to rest, plan the next group and gather referrals. The drawbacks are that the waiting period may be months if a man is referred shortly after a group begins, and the length of treatment may be inadequate to effectively reverse a life-long pattern of violence. Many programmes solve the latter problem by allowing men to repeat the group. However, this may not be possible if there are waiting lists and may be highly repetitious for the man if the group is geared to presenting structured information. One way to reduce the length of waiting time is to introduce a "staggered" intake procedure whereby men are admitted to the group at two discrete times rather than one. For example, the Vancouver Assaultive Husbands Project admits men at eight week intervals for a 16-week programme. Every eight weeks half the group members are replaced. This serves to cut the waiting time in half and produces a positive "veterans-newcomers" process similar to that which occurs in the open format groups. Another programme (Portage La Prairie) requires 14 sessions to be completed, but admission to the group is continuous. This procedure is advantageous in that it eliminates waiting time completely. However, it may be more disruptive to the teaching process and more uncomfortable for new admissions than the staggered system.

The majority of programme leaders who use a closed format do so because counsellor resources are limited. They see it as a compromise between the desirable and the possible and agree that longer treatment groups or open groups give the man a greater opportunity to change. One alternative that combines some of the advantages of the open and closed formats is the repeated cycle approach used by four Canadian programmes. This approach is based on the Emerge programme in Boston where men commit themselves for eight week cycles and may complete up to three cycles. Several Canadian programmes allow as many cycles as necessary (e.g., Windsor, London). The repeated cycle approach allows men to take the time they need to accomplish change, but doesn't force them to make a long-term commitment all at once. The use of cycles provides some structure to the therapy process and ensures that the men's commitment to the programme is reviewed periodically. Some programmes allow the man to experience two introductory sessions before beginning the cycles in order to give him a flavour for the counselling and reduce inhibitions against making a commitment. Other programmes (e.g., London) operate an open intake group which serves to provide preliminary concepts and crisis support while the man is waiting to begin the regular cycle component. The reader should be aware that repeated cycle programmes (like open format programmes) tend to promote longer treatment and therefore increase the demand for service. For example, in London, 90 per cent of the men repeat the cycle and there have been up to five cycle groups running simultaneously. In the Windsor programme, the average length of treatment is 6-1/2 months with three simultaneous groups operating.

One other structure adopted by the two programmes in Winnipeg is the two-phase approach pioneered by the Minnesota Domestic Abuse Project. Under this format, each man participates in a 16-week closed group which is highly structured and aimed solely at stopping the violence. Once he successfully completes Phase I, he graduates to the Phase II group, which is also 16 weeks but allows admission at any time. The second phase group is a less structured, more traditional therapy group designed to help solidify gains made in Phase I. This approach allows the man to receive immediate help with his violence, while also giving him the opportunity to spend more time in therapy.

(b) Philosophy of treatment - Virtually all Canadian programme leaders view wife assault as a learned anger problem in the man, rather than as a marital problem. Violence is described as a dysfunctional response to stress and an attempt to control or dominate the woman. Emphasis is placed on male socialization that condones violence as a conflict resolution strategy, inhibits the expression of feelings other than anger, encourages the expression of power needs through domination of others and promotes an adversarial attitude toward women. Consistent with this conceptualization of the problem, the structure and content of therapy focuses on helping the man to accept personal responsibility for his violence, convincing him that it is destructive to himself and others, teaching new ways to express anger and deal with frustration, increasing the awareness and expression of other feelings, and developing a different view of male-female relationships. Therefore, many programmes have a strong teaching or psychoeducational component in addition to other therapeutic and support functions. Sex roles and male socialization are discussed in every group. However, some group leaders emphasize the need to personalize this information to avoid externalization of blame to society. The firm belief that the social structure supports wife assault led most leaders to place a high value on public education. While most have been actively involved in this process, this goal is underdeveloped due to limited resources and the heavy demands of clinical work.

Several group leaders feel that marital problems (i.e., communication, latent resentments, divergent goals and needs) overlap with the violence problem in many couples. Therefore, marital counselling is seen as a natural follow-up procedure to treatment of the man's anger problem, given the absence of violence and a mutual desire to reconcile. Some programmes offer this counselling on an individual couple basis, while others offer marital groups as a follow-up (e.g., Guelph, Windsor).

There was also some feeling expressed that the partners of the men could benefit from counselling in order to take responsibility for protecting themselves and heal some of the psychological wounds resulting from the abuse. Provision of this counselling is consistent with the philosophy that women may be assisted in breaking the cycle of recurring violence if they are helped to overcome social and psychological barriers to leaving a relationship (at least temporarily) to ensure their safety. Unfortunately, these counselling programmes do not eliminate real economic barriers to "taking an assertive stand" in their relationship vis-à-vis the violence. Intense lobbying for women's resources and more global societal change are required to affect these barriers. Nonetheless, women's support groups are offered in conjunction with nine men's programmes.

One programme (Edmonton) places a strong emphasis on brain dysfunction as a contributing factor to wife assault. This approach appears to be consciously underplayed in other programmes, possibly as a reaction to previous medical and psychiatric approaches which minimized societal and learning factors. While there are some real benefits to be gained from disciplined attention to physical causation and treatment, an equally important concern is that the man's denial of personal responsibility will be reinforced through an emphasis on medical intervention. Programmes offering this form of treatment must take steps to ensure this doesn't happen.

(c) Existing models of therapy - Canadian programmes appear to be influenced most strongly by the therapy approaches of Anne Ganley and Emerge. Ganley's strength is her structured, didactic social learning approach to anger management which has been adopted by many programmes to various degrees. The Emerge model places more emphasis on male socialization, sex roles and the therapeutic process. Other writers in the field have also had wide influence on Canadian programmes (e.g., Saunderson, 1977; Purdy & Nickle, 1982; Egley, 1981). Apart from specific writings on counselling assaultive men, Canadian programme leaders have brought a whole array of general psychotherapy skills and information into their work with these men. These influences range from cognitive behaviour therapy techniques and cognitive approaches to humanistic models.

While these diverse influences provide each group with a slightly different flavour, there are some crucial ingredients that the majority of group leaders believe should be present for effective counselling. There must be a consistent and powerful emphasis on personal responsibility for the violence and accountability for involvement in the treatment process. An initial emphasis on structured, skills-oriented approaches to counselling was advocated by most leaders, though there was some concern about the men not complying with "prescribed" anger control techniques. The presence of structure helps reassure the man that something concrete is being done, removes the expectation that he has to "spill his guts" in therapy, and assists the man in finding immediate ways to prevent recurrence of the violence. At the same time, leaders feel that groups must be flexible enough to provide for crisis counselling and unstructured time for the men to deal with their own agenda. Ideally, there should be a progression over the course of the group whereby the men take increasing responsibility for the group process. Anger management, relationship expectations, awareness of feelings, and male values should all be discussed with the aim of developing new skills and a non-violent group norm. Time should be provided for experiential exercises in order to increase awareness and strengthen affectively-based learning.

(d) Role of the group leader - Most survey participants feel that the group leader's role is to teach, facilitate, direct and confront. The group leader is seen as someone who should take a very active role in the initial stages of counselling to keep the group members on track (i.e., discussing violence, anger and related issues), to confront denial and avoidance of responsibility, and to set up structured presentations and exercises which might stimulate discussion. The leader might also function to facilitate constructive sharing and participation by removing barriers to this process

and by modelling this behaviour. Later in the group, the therapist's role is expected to be far less active as the men take over the directing, facilitating and confronting functions.

This directive role played by the therapist or leader is at variance with the traditional principles of group therapy which emphasize a role of minimal intervention for the therapist, and wherein the group process is allowed to develop almost completely on its own. Since this traditional approach is extremely unlikely to work with assaultive men, a number of experienced group leaders have had to make the difficult transition to the more directive role in doing these groups.

One group leader describes his role to the men as "a resource person" who can provide information for them to use if they wish. This approach can be advantageous in that it places the onus on the men to make their own changes, while still allowing for input and direction from the leader. Disclosure by the leader that he, too, must deal with anger, frustration and urges to be abusive can increase rapport and reduce resistance emanating from perceived difference between the leader and the men in the group.

(e) A typical session - Canadian programmes appear to be remarkably similar in the structure of a typical session. Most groups begin with a "check-in" time, where men review relevant events of the week and may report on their current emotional state. Some groups specifically label this time a "violence check" (cf. Ganley, 1981) and expect any violence or abuse to be reported here. This may be crucial to ensure accountability and to remedy a potentially dangerous situation. Other check-ins provide an opportunity for the man to ask for group time to deal with a specific issue. However the check-in is structured, it seems important in working with these men to allow this time for them to communicate any agenda they may have coming into the session. A few groups begin with a brief relaxation exercise prior to the check-in to reduce the men's anxiety level and body tension.

Following the check-in, which may take anywhere from 15 minutes to an hour, the group leaders either pick up on an issue or theme arising from the check-in or go ahead with a prepared exercise or presentation. Generally, a discussion ensues that is interactive, rather than "one-to-one counselling in front of an audience". Over the course of the group, formal, didactic presentations are expected to be less frequent relative to discussion of personal issues and the group process is expected to be more interactive. Some programmes have special evenings scheduled where, for example, "a significant other" attends the group to help evaluate the man's progress (e.g., Windsor), the man re-evaluates his goals (e.g., Guelph, Windsor, Montreal), or there is a "partner's night" where the women attend along with their husbands if they wish (e.g., London, St. Catharines, Vancouver Assaultive Husbands Project).

Many groups end with a check-out exercise in which the man may assess the group's or his own participation or may simply have an opportunity to say anything he wishes. This procedure helps to ensure that serious unresolved issues are dealt with before leaving the room and provides the men with some sense of closure. One group leader suggests that this check-out be used to

express appreciation for other group members in order to counter-balance the persistent attention to negatively balanced material such as anger and violence.

(f) Specific techniques - Table 8 contains a list of therapy techniques used in men's groups with an indication of how commonly they are used. Confrontation and discussion of the violence are universally employed across programmes with the aim of reducing denial and increasing personal responsibility for the violence. The confrontation that appears to be most effective is firm, matter-of-fact confrontation, rather than an emotionally-charged, "encounter-group" confrontation. The latter is more likely to produce further defensiveness and possible aggression than a reduction in denial. Access to third party information about the violence and the presence of older group members may aid this process considerably. Discussion of the violence in very specific terms may help men to increase their awareness of their own violence and create an atmosphere where it is acceptable to discuss violence. A guided fantasy technique in which a previous violent episode is recalled with the help of the counsellor is used by a few counsellors. This may be helpful in eliciting clearer recollections of the violence and accessing feelings about the incident.

Table 8

Specific Therapy Techniques Used

<u>Possible Techniques</u>	<u># Programmes Using*</u>
Confrontation	23
Anger control techniques (e.g., time out, anger diary, pre-violence cues, self-talk)	22
Relaxation	15
Role-playing	20
Assertiveness/communication training	21
Discussion of past violence	23
"In-depth" psychotherapy	12
Guided fantasy	7

* Only 23 programmes are included as the Lethbridge programme had not yet planned its men's group component in detail.

Anger control techniques such as the use of time-outs, anger journals, attention to pre-violence cues and assessment of internal dialogue preceding extreme anger are central to many programmes, particularly in the early stages of the group. Most group leaders agree that providing the man with specific procedures with which to anticipate and prevent violence is an important initial step in the counselling process. Good descriptions of anger control strategies are presented in Ganley (1981), Novaco (1975, 1978) and Currie (1982).

Relaxation is used in some form by more than half the programmes to reduce tension and anxiety during the session or to provide the men with a response that is incompatible with anger. Exercise is prescribed by a much smaller number of group leaders. Both relaxation and exercise may be constructively utilized by the man while taking a time-out period to avoid abuse.

Since many assaultive men find it difficult to communicate their needs, wants and feelings in a clear, non-abusive fashion, the majority of groups include some form of assertiveness or communication training. It is important to stress that effective communication of a need does not guarantee compliance, and, in fact, the need for control or compliance may well be a second issue to be confronted. Also important here is the necessity to guard against the use of past assertiveness formats as avenues for more subtle forms of verbal abuse (e.g., a useful format for constructive expression of feelings such as "I feel angry when you ignore me", can be distorted to an abusive attack on the woman's character such as "I feel angry when you are stupid and useless"). Careful monitoring and role-playing should reduce this possibility. There are many books and articles available on communication training adaptable to this clinical situation.

Role-playing is commonly used in Canadian programmes to practise a skill, access feelings or provide feedback to the man on his interpersonal style. This technique is highly useful with assaultive men as some may have a very concrete intellectual style and role plays may serve to graphically illustrate a concept. Being involved in a role play can help the man anticipate feelings that may coincide with a particular interaction and prepare him more adequately for a difficult situation. A variation of role-playing--role reversal--is used by a few group leaders to increase empathy for the victim. One caution is in order with regard to role-playing or any other exercise involving performance on a man's part. Many of these men are highly sensitive to humiliation, and for the average man in these groups, a given exercise may seem humiliating. Careful introduction and a non-coercive approach can help prevent an experience of humiliation and may reduce the drop-out rate.

The fact that relatively fewer group leaders report doing actual "psychotherapy" in the group attests to the general preponderance of a psycho-educational or skill-building approach to counselling. However, for many programmes the skill-building component is augmented by a variety of therapeutic techniques including gestalt exercises, transactional analysis, rational-emotive techniques, family of origin work, videotape feedback, art therapy, post-hypnotic suggestion, yoga and meditation. Clinical skill and ingenuity are the only limitations to what may be done over and above the more

specific techniques listed in Table 8. The most important caveat seems to be: use language and concepts that the men can relate to and understand. A good example of this is Trevor Jones' practice of using the man's favourite television show to analyse male-female interaction patterns.

(g) Written assignments/materials - Only ten programmes give the men written assignments to complete between sessions. Several others do so on an intermittent or individual basis. Completion of an anger diary and practice of a "time-out" procedure appear to be the most common assignments. Regular use of an anger diary helps to keep men from "forgetting" their insights or gains between sessions and provides good, clear material for group discussion. Men will often not complete assignments unless a clear expectation or norm is established. Ganley (1981) suggests ritualizing the completion of assignments by collecting them at the door ("your ticket in"). One Canadian programme follows this procedure with success (Vancouver Assaultive Husbands Project). However, several group leaders do not feel that assignments are worth the bother of enforcing their completion and risking a power struggle.

Most programmes do not use written handouts on a regular basis, though those leaders who do so, report that the men find them useful. Some programmes are beginning to use the self-help book by D.J. Sonkin and M. Durphy, Learning to live without violence: A handbook for men (Volcano Press, Inc., Dept. B, 330 Ellis St., San Francisco, CA, 94102; \$10.00 U.S. plus postage). This book appears to be an excellent adjunct to a group for assaultive husbands.

About half the programmes use films to generate discussions at some point in the group. A list of useful films appears in Appendix E. The most widely used are To Have and To Hold (Emerge), Up the Creek, and Shifting Gears (ODN films), which focus specifically on men who use violence in intimate relationships.

(h) Contraindicated techniques - While a wide variety of techniques and approaches may contribute positively to counselling assaultive men, there are some that are felt to be ill-advised. The surveyed group leaders caution against using "emotive" or "ventilation" techniques such as punching bags, hitting pillows or using padded therapy bats. These techniques are based upon a catharsis model of anger which embodies the notion that the release of stored up emotional energy will reduce subsequent aggressiveness. Considerable empirical research has now demonstrated that such aggressive behaviour, in fact, reduces inhibitions against further aggression while only temporarily lowering frustration-based arousal. Ganley (1981) suggests the use of non-violent exercise such as jogging, cycling or swimming to lower body tension and calm frustrations.

Similarly, "fair fight" techniques (Bach & Goldberg, 1974; Bach & Wyden, 1968) are considered inappropriate for assaultive men by some group leaders. These techniques draw a line between abusive and non-abusive conflict resolution strategies that is too ambiguous for effective work with highly abusive men. There is a need to be clear and to provide a wider margin of safety with this client population.

The use of marital counselling in highly violent relationships as the first line of intervention is discouraged strongly, as is any approach that implied the wife was to blame for the violence. Marital counselling in a highly violent relationship places the woman in the untenable position of having to bargain for her safety. Approaches that imply that the woman is in any way responsible for the violence serve to reinforce male denial patterns that perpetuate the violence.

Finally, a client-centered approach which is highly non-directive, is explicitly discouraged by one group leader (and implicitly by others) because it is too slow and would not be able to effectively break through the extreme denial and blaming mechanisms found in these men. Consequently, a more structured, directive approach is advocated.

(i) Self-help groups - The concept of self-help has become popular in the mental health field with the impact of community-based models and concurrent fiscal restraint. Two of the surveyed programmes consider themselves to be taking a self-help approach. However, both programmes might be most accurately referred to as guided self-help programmes. In Ottawa, the group is run on a volunteer basis by a counsellor who has taken a progressively less active role over the life of the group. The Lethbridge programme is described as a guided self-help crisis intervention programme. In this instance, trained volunteer counsellors conduct individual sessions with assaultive husbands as a preliminary step to professional counselling. One other programme (Vancouver Assaultive Husbands Project) has instituted a monthly follow-up group that works on a self-help basis, but has a professional counsellor present at all sessions.

While most survey participants feel that the concept of self-help is appealing and potentially workable, the majority of these state that it is most appropriately used as a follow-up to professional counselling and requires the presence of a volunteer counsellor or "very solid" client facilitators to prevent back-sliding. The major concern is a regression in the group back to traditional male values and attitudes. Without a strong influence to the contrary in the group, this may be a strong possibility. The most viable strategy vis-à-vis self-help at present is to encourage the gradual evaluation of self-help groups as a follow-up resource for professionally-led groups and to ensure some on-going monitoring of these groups by trained resource persons. Experience with self-help groups to date indicates that the men would appreciate this professional input.

Self-help counselling has the advantage of being inexpensive, while providing a fairly powerful (peer-generated) message to the participants. If functional, it could take the pressure off funding bodies and reduce the concern about diverting funds from women's programmes. In addition, the image of ordinary men with a problem coming together to find a solution is appealing.

11. Contact with the Abused Woman

(a) Nature/purpose - The majority (18) of the group leaders report having a consistent policy of contacting the partners of the men in their group. This is accomplished by means of a telephone call, a scheduled

interview or through contact with counsellors in the women's component of the programme. Generally, the purpose of the contact is threefold: 1. to obtain an assessment of the violence, 2. to inform her about the men's group and 3. provide her with information about the women's shelter and available counselling resources. Five leaders state explicitly that they attempt to help the woman formulate a protection plan during the contact. Another eight programmes have women's counselling resources which complement the men's programme and where protection plans are presumably constructed. These complementary services often facilitate on-going contact with the women either directly or through the women's counsellors. Four of the programmes not having consistent contact with partners cite time limitations as their reason for not doing so. One other programme leader expressed concern that contact with the woman might imply to the man that she is partly responsible for the violence. Another group leader has encountered some opposition to contacting the woman from women's shelter workers because one of his stated reasons for contact was "to prevent the woman from sabotaging the treatment".

(b) Benefits of contact - The majority of group leaders strongly support the notion of contacting the partner. In fact, one group leader (Guelph) maintains that on-going contact with the woman is important in order to validate the man's reports of non-violence throughout the treatment process. This may be easily accomplished when a parallel women's group exists and is connected in some way to the men's programme. Otherwise, contacting the woman periodically through scheduled phone calls or appointments may serve the same purpose. The assaultive man's tendency to not report his violence has been well-documented (e.g., Ganley 1981; Browning and Dutton, 1984). Simply knowing that the counsellor is having contact with the partner may encourage the client to be more open about recurrent abuse.

Providing the partner with information about the men's group may be extremely helpful for her. Expectations about prognosis may be unrealistic and could prompt the woman to reconcile when she would be better served by a continued separation. In addition, knowledge about length of treatment, frequency and time of sessions and possible effects on her husband may reduce confusion and apprehension for her. Finally, many women appear to feel left out, ignored, and possibly blamed if there is no contact and they are not also involved in counselling. An important benefit of providing information to the partner is that the non-blaming approach of the programme may be transmitted directly to her. This information-giving approach will not be opposed by most women's shelter staff unless there is some indication that the woman may be implicated or blamed for the violence.

Probably the most important reason to contact the partner is to provide her with information regarding women's services and to do whatever is possible to ensure her safety. Often the woman may not be connected with any resources which can give her support and assistance. She may not know how to contact the women's shelter and may have no concrete plan to protect herself. While women's shelter and counselling programmes can help her form a protection plan, some women are reluctant to participate in these programmes. Therefore, the men's group leader may be the only professional who can help her take the appropriate precautions. A conscious policy not to do so represents a disregard for the protection of women. Not to do so due to time constraints is

understandable, but constitutes inadequate programming. Counsellors working with assaultive men should know how to assist a woman to protect herself. Those who feel unprepared for this task may rectify this situation by discussing the procedure with local shelter staff. Since all men's programmes report positive relations with the local women's shelter this should not present any difficulty.

(c) Couples counselling - While couples counselling is not generally appropriate for initial intervention in cases of wife assault, it is seen as a reasonable follow-up procedure for couples who wish to remain together and where the violence has ended. Eight group leaders report that some form of couples counselling is part of the service offered by their overall programme. A number of others refer couples to outside agencies for marital counselling. Three programmes offer a couples group (Guelph, Windsor, London) as an adjunct to men's treatment. Others provide couples counselling on an individual couple basis. In London, the couples group is not a follow-up procedure to men's treatment; rather they are concurrent. Couples participating in this programme are carefully screened to eliminate those with a high risk for current violence. The men and women are seen for the first half of each session in separate groups and then brought together for the second half. The group is experimental at this stage, but appears to be run with great sensitivity to the woman's safety. In Edmonton, conjoint sessions are held on a monthly basis for each couple while the husband is participating in the men's group. The stated purpose of these sessions is to ensure a "holistic" change in the relationship. While some marital counselling can be useful prior to the completion of men's treatment, the sessions must be used with great discretion and should not occur if the woman fears for her safety. Used as a follow-up procedure, couples counselling may be instrumental in 1. allowing the man to experience hearing and accepting the woman's anger over the abuse, 2. helping to work out a coordinated plan for the man to control his violence (e.g., learning the Time-Out procedure together), and 3. improving communication and negotiation skills. The counselling should be done by someone who is knowledgeable about the dynamics of assaultive relationships and the needs of these men and women at this stage in the relationship.

12. Confidentiality

Most programmes have a policy of confidentiality regarding information about their clients. This is not only professionally responsible, but also serves to reduce inhibitions in the group about discussing highly personal material. In addition to keeping confidence themselves, many counsellors request that group members not gossip to outsiders about other men in the group. This may be a particularly salient issue in smaller, tightly-knit communities where everyone knows everyone else. Groups operating in these communities may have to be explicit about the "no gossip" rule, operationalize it specifically (e.g., the Windsor group leader advises that men can discuss their own issues and involvement outside the group, but not that of others), and possibly apply consequences for transgression of the rule such as expulsion from the group.

Despite general confidentiality policies, there are exceptions upon which most group leaders insist. Reporting child abuse, incest or neglect is required by law and therefore overrides any confidentiality agreement.

Similarly, if a group leader is subpoenaed in a court action against a client, refusal to reveal information given in confidence may result in a contempt of court charge. While counsellors generally agree on these exceptions, the policy on dealing with serious threats to the partner or other person made in the group is not consistent across programme leaders. Some warn the victim, some call the police, others try to work it out with the men, and a few group leaders tend to ignore threats because they "hear so many". While there is some clinical judgement involved in determining the seriousness of a threat, the counsellor should be aware that there is legal precedent in the United States (i.e., Gehring, 1982) indicating that failure to warn the victim of a serious threat may be viewed by the civil courts as malpractice if the threats are carried out.

One final exception to the confidentiality rule followed by most programmes who see court-ordered men, is the reporting of non-attendance to the probation officer. This is necessary to ensure the enforcement of the man's order. A smaller number of group leaders indicated that they would report recurrent violence to the probation officer. Given that severe recurrent violence constitutes a breach of probation and an ongoing danger to the victim, this practice may be advisable.

While group leaders agree that confidentiality requirements should preclude specific discussion with a man's partner regarding his involvement in the group, seven indicate a policy of informing her if he misses sessions or drops out of counselling. The remainder have no definite policy or feel that the wife should not be informed. The strongest argument for informing the woman of her husband's non-attendance is that his participation in the group may be the only reason she is staying in the relationship. The knowledge that he is no longer willing to seek help for his anger problem may help her make an informed decision about her relationship. Since there is no guarantee that the man will tell her, the group leader can ensure the transmission of this information through a policy of notification.

Any disclosure of client-obtained information endangers the therapeutic relationship to some extent. This is particularly true if the client feels he has been "double-crossed" by the counsellor. It is therefore important to handle explanation of the confidentiality agreement and disclosure of material in a thoughtful, sensitive manner. Making very clear to the client what is meant by confidentiality and exactly what information would be disclosed helps to avoid subsequent resentment and anger when action must be taken. Most group leaders report discussing confidentiality before beginning treatment, but many appear to take a laissez-faire attitude toward describing the exceptions. Five programmes use a participation agreement which outlines the details of the client-counsellor arrangement including confidentiality. This is an excellent practice as it makes the client's responsibilities and rights perfectly clear from the start. Having the client sign the agreement provides both parties with a written record that the client was informed in advance.

Disclosure of threats by warning the victim or of child abuse by notifying child welfare authorities does not always adversely affect the therapeutic relationship. Sometimes a man may feel reassured that someone has been willing to take control of a volatile situation and prevent further damage. Having a good working relationship with child welfare workers may help to ensure that

the case is handled with sensitivity. Sometimes a man may be convinced to take the necessary steps himself before reporting or warning needs to be done by the counsellor. This would likely be the most positive process with which to resolve such a problem.

13. Evaluation of Effectiveness

There have been no well-designed evaluations of treatment effectiveness reported to date for this type of programme either in Canada or the United States. This is clearly a crucial knowledge gap which needs to be filled. All programme leaders expressed an interest in evaluation and a willingness to have their programme evaluated by an independent research body. However, lack of resources available for research has prevented most programmes from collecting any data with which to demonstrate effectiveness. Presently, most programmes are fighting for enough clinical resources to maintain the service let alone implement evaluation research. Anecdotal reports from the group leaders suggest that the majority (i.e., 75 per cent - 100 per cent) of men are non-violent over the course of the group. These estimates are based on reports from the men and their wives. However, there seems to be a drop in this rate to about 55 per cent - 60 per cent at four months. Notwithstanding this drop in "non-violence" four months after treatment ends, the violence is generally reduced in frequency and severity.

Overall, the group leaders are confident that the counselling works for at least some percentage of the men they see. However, most are unable to make conclusive generalizations about overall effectiveness, what kinds of men seem to do better than others, and how long the changes last. Only well-planned research can answer these questions. Clinical impressions seem to indicate that alcoholics who continue drinking, generally violent men, highly resistant men and clients with poor social supports do most poorly in these programmes. Similarly, men with severe psychopathology are poor candidates and, in fact, are often screened out. Group leaders are unable to generalize about the prognosis for court-referred men. Some feel that voluntary men are more motivated to change and therefore are more likely to do well. Others point out that court-referred men are less likely to drop out early and consequently receive longer exposure to the programme.

Clearly, clinical impressions can only go so far. Group leaders are first among those who would like to see definitive answers to these questions. The generation of good data on treatment effectiveness is extremely important in maintaining the credibility of these programmes and in supporting the development of further men's counselling services.

14. The Perception of Men's Programmes by Community Professionals

Twenty-seven professionals who had knowledge of the 24 programmes surveyed were interviewed in order to obtain some external perspective about the programmes. These professionals were women's shelter directors, counsellors, probation officers, lawyers and representatives from coordinating committees on wife abuse. Table 9 contains a breakdown of the interviews conducted by professional type.

Table 9

Community Professionals Interviewed

<u>Type of Professional</u>	<u>Number</u>
Women's shelter directors	12
Social workers/family counsellors	5
Women's legal advocates	2
Probation officers	3
Coordinating committee representatives	2
Battered women's counsellors	2
Alcohol and drug counsellors	1
TOTAL	27

In most cases, the professional worked fairly closely with the programme staff and had good knowledge of how the programme operated. While some made direct client referrals (e.g., probation officers, counsellors), most of the respondents were counsellors to the victim and would generally tell their clients about the men's group. One women's shelter made a policy of providing information about the group directly to the men in order to save the woman the anxiety about doing so. The majority of these professionals had become aware of the men's programme through talks or workshops given by the group leaders or through their own work in helping to develop the service. The importance of good public relations or "networking" was stressed by the respondents, several of whom had found out about the programme in rather indirect ways, such as reading about it in RESPONSE or in the local newspaper. One counsellor stated that she had known about the programme for some time, but had only begun referring once the group leader had made personal contact with her. This personal contact appears to be particularly important in assuring women's resource professionals that the philosophy of the programme is appropriate and that the programme staff are sensitive to women's protection issues.

The attitude toward the men's groups was universally positive among the professionals polled. While many had not had direct feedback from clients on which to base an opinion, those who had received feedback described very positive responses both from men who attended the group and from women whose husbands had attended. Women's shelter directors reported a very positive response by shelter residents to the men's programmes. The women appeared to be relieved that their husbands were receiving some counselling for their anger problem. Probation officers reported that the courts were favourably disposed toward the men's programmes because it provided them with an acceptable

sentencing option. A representative from the Manitoba Committee on Wife Abuse indicated that police-laid charges had increased by about 1200 per cent since the Attorney-General's policy statement on wife assault. At the same time, the incidence of charges being withdrawn had dropped from 97 per cent to around 30 per cent - 40 per cent, reflecting greater confidence in the justice system on the part of the victims. Consequently, the men's programmes were considered essential by this representative as a reasonable disposition for these new cases. She further emphasized the need for more programmes to handle the increasing demand for service. This need for more men's programmes or expanded service was consistently emphasized by the professionals polled.

While community professionals were understandably not able to provide confident statements about treatment effectiveness, they were able to list some major strengths and weaknesses of current men's programming. The respondents appreciated the emphasis on dealing with the man's anger and violence in the group, rather than on reconciliation. Most felt that the group format is advantageous in that the men are able to benefit from the group support and peer pressure to change. The fact that men are taking responsibility for providing this service was viewed very positively, particularly by those who work with the victims. Most programmes were seen as being well-integrated into the network of services dealing with wife assault.

Major weaknesses perceived by community professionals centered around the need for expanded service. Fourteen of the 21 currently operating programmes had waiting lists for men who wished to begin treatment. In addition, public relations and training functions were seen as underdeveloped due to the lack of adequate funding. Refusal to treat men on a court-mandated basis was viewed negatively by some women's resource professionals. They felt that more men would enter and remain in treatment if referred by the courts and that the onus would no longer be on the woman to pressure her husband into counselling. There was general concern that the men's programmes were not solidly funded or established within the parent agency and consequently were too dependent upon the good will and dedication of a few individuals. Finally, despite considerable confidence in the group leaders of these programmes, the community professionals generally recognized the need to demonstrate the effectiveness of these programmes empirically.

When asked what gaps currently existed in their community relating to the area of wife assault, the respondents listed women's support groups and second stage housing, programmes for children of families where wife assault has occurred, public education, and consistent funding for women's shelters. Some also reported a continued reluctance on the part of the police to lay charges in cases of wife assault, though the number of charges had increased in some communities where provincial policy had encouraged a more active police response. The need for an integrated response to wife assault supported by consistent government policy and funding was endorsed by both the community professionals and men's group leaders polled in this survey.

PART III: SUMMARY AND RECOMMENDATIONS

It is clear from this survey that treatment for assaultive men has captured the interest of social service and corrections staff throughout the country. Considerable groundwork has been completed by these individuals in articulating a rationale for men's treatment, developing a relatively consistent philosophy for intervention and outlining specific therapeutic strategies that appear to assist men in becoming non-violent. Furthermore, it has been repeatedly demonstrated--through personal initiative--that it is possible to develop these programmes in a variety of community settings and that existing men's programmes serve an important function within the network of services aimed at reducing the incidence of wife assault.

Notwithstanding these initial demonstrations and considerable grassroots enthusiasm about providing such a service, there are two major barriers to continued development in the area. The first is the lack of a well-designed outcome evaluation of men's treatment. This leaves men's programmes open to criticism that assaultive husbands are too difficult to change and by implication that men's treatment is a waste of time. The second barrier is the absence of a consistent funding mechanism for men's treatment. While governments have expressed interest in the concept through policy statements which encourage an increase in criminal charges against assaultive men and through the funding of small research projects and surveys, there is little direct government funding for men's treatment at present. Moreover, no particular department or ministry has yet accepted responsibility for providing support to these programmes at the policy level. Consequently, programme personnel spend a great deal of time soliciting funds to initiate or maintain service delivery, and often operate with little or no direct funding. These practical barriers adversely affect the functioning of otherwise highly innovative and well-operated programmes.

Men's treatment can be justified on rational, moral and cost-effective bases. Most of the elements are now present for a solid network of services across the country. What remains to be done is for governments to develop consistent funding policies that support ongoing service delivery with some provision for evaluation of effectiveness.

What follows are some specific recommendations covering each content area discussed in Section II of this report.

1. Geographic Locations

While the existence of 24 programmes servicing only 600 men in no way constitutes an acceptable level of service delivery for a nation, there are clearly observable gaps across the country even in this rudimentary men's programming. Three provinces have no programmes at present and there is a consistent absence of service in the northern and rural southern regions of the country. These gaps likely reflect the reliance of Canadian men's programmes on well-developed family service and corrections agencies for indirect support. Since these agencies tend to be more highly developed in urban areas, so are men's programmes. The allocation of direct funding for men's programming,

some specifically targetted for rural districts, would begin to alleviate this problem. In addition, the provision of training grants for rural community professionals to attend or organize workshops in the area of men's treatment would assist the flow of expertise and knowledge from urban areas to rural and stimulate programme development.

2. Setting

Service is currently provided within a variety of settings; all of these appear to serve as an effective "home" for men's programmes. However, the collective experience of service providers indicates that an integrated approach to treatment is preferable; that is, where service for both the male abuser and female victim are provided within the same agency. Ideally, this may be accomplished through an independently-funded agency such as exist in St. Catharines or Windsor. This ensures coordination of service, ready access to referrals, a high profile for wife assault as an issue, and establishment of direct funding for the programme. The family service or hospital setting is a possible alternative to this, but is advisable only if there are close ties with the women's shelters, the programme is formalized within the agency, and funding is specifically allocated for the programme. Contracts may be arranged with corrections to provide service to court-mandated clients, thereby reinforcing the message that wife assault is a crime. Whatever the setting utilized for men's treatment, it appears essential to maintain close contact with the women's community and to find some way to diffuse the workload. Coordinating committees, advisory boards and volunteer boards may be useful in accomplishing these objectives.

3. Relationship with Other Community Agencies

While men's programmes are generally viewed favourably by community professionals, the following two activities are advisable: 1. maintain contact with women's service providers and 2. repeatedly educate and inform social service, medical and criminal justice system professionals about the programme. The Hiatus House Complainant Support Programme in Windsor represents an excellent mechanism for maintaining a link between the justice system and men's treatment, in addition to its explicit function of aiding the victim. More programmes of this kind are needed.

4. Programme Development

Development of men's treatment programmes is a labour-intensive, arduous and often frustrating task. Currently, the task is becoming somewhat easier due to increased availability of information regarding men's treatment. However, the following suggestions may be of assistance: 1. if possible solicit community opinion and support and formally establish a need via questionnaires or brief phone interviews; 2. maintain repeated personal contact with referral sources and start the programme even with a minimum number of referrals; and 3. expect the programme to develop slowly with some setbacks. Funds should be made available for qualified service-providers who can demonstrate a need for the service to develop programmes. This funding is needed to support the time commitment required to publicize the programme and educate referral sources.

5. Funding

The greatest obstacle to the development and maintenance of good men's programmes is the absence of a solid funding base. Only a few programmes receive direct government funding at present and most programmes have simply been absorbed by larger agencies whose resources are already scarce. The absorption of programmes by larger agencies without additional, specific support to pay for them is not an acceptable funding situation. The fact that 80 per cent of programme leaders reported that their programmes were inadequately funded illustrates this contention. Even less adequate are programmes run on a voluntary basis. Poorly supported programmes will eventually deteriorate due to counsellor burn-out and a slow drop in referrals from insufficient programme promotion. Group leaders have stated that the equivalent of one full-time staff position plus overhead would be sufficient to provide a basic, but effective men's programme. Corrections personnel interviewed in the survey reported that once men's programmes are in place, they are utilized liberally by the corrections system. Therefore, the following suggestions for funding are made: 1. that governments, particularly through ministries overseeing corrections programmes, make available funds to directly support programmes for the treatment of assaultive men in the community, 2. that more funds be allocated to victim advocacy services such as the Hiatus House Complainant Support Programme, and 3. that programme development and training funds be made available through federal departments. Since wife assault is widespread and supported by certain societal values and attitudes, it would be prudent for programmes of this kind to have strong public education components in addition to their primary treatment function. Finally, expenditure of federal monies on well-designed evaluation studies would be extremely important and timely.

It is crucial that governments coordinate funding policy in such a way that women's programming--particularly support for shelters--is not undercut by the provision of counselling services for men. The support of integrated services and the use of corrections money to support men's treatment are two ways to avoid this problem.

6. Clientele

Since a range of client characteristics were reported by survey participants, men's programmes should ensure that interventions are presented in clear language to reach all levels of intellect and experience which characterize men in the groups. A structured, concrete approach appears to be well-received by the majority of men.

Since about half the men are separated at the beginning of treatment and since ending this separation is almost always the man's primary goal, men's programmes should be clear both with the man and his partner that reconciliation is not the primary goal of the programme. Counsellors providing men's treatment should do all they can to encourage the partner to make up her own mind about reconciliation, without biasing her toward this option. This requires some contact with her.

7. The Issue of Court-Mandated Treatment

Most group leaders favour mandatory treatment and over half have worked with court-mandated men. A number of recommendations are forthcoming with reference to court-mandated treatment. First, most group leaders prefer a mixture of court-ordered and voluntary men. The presence of voluntary men helps to lower group resistance, while court-ordered men act as a reminder that wife assault is a crime. Second, a major concern among the survey participants is the power dynamic generated in treating court-ordered clients. This dynamic may be reduced by dividing enforcement and therapeutic functions between staff members for a given man or by differentiating oneself from the corrections system entirely. For this reason, men's treatment might be more effectively provided by counselling staff external to corrections. A third problem centers around maintaining initial control over admissions when dealing with the courts. This may be best accomplished by making control over intake a clear prerequisite for service delivery and by requesting referral for assessment prior to sentencing. There is also some concern about the men using treatment as a way of manipulating the disposition of their case. Some group leaders suggest accepting men only at the post-conviction stage unless a written guarantee can be provided by the Crown that charges will not be dropped. Finally, the issue of non-attendance and non-participation can be handled most effectively by: 1. ensuring that the court order explicitly requests participation as judged by the therapist, 2. establishing specific criteria for non-attendance and non-participation and 3. working out a clear set of procedures for the consequences of non-compliance within the justice system.

8. Staffing

Group leaders suggest the following qualifications for prospective men's treatment providers: 1. experience in group therapy, 2. specialized training in the area of domestic violence, 3. a mature, stable personality and 4. an ability to openly discuss anger and violence. Service providers should also hold a values orientation consistent with that summarized by Purdy and Nickle (1982) and Pressman (1984). Formal training as a helping professional was recommended, but not viewed as essential.

Co-counselling is suggested to prevent burn-out and facilitate the therapy process. Both all male and mixed male/female counsellor teams are seen as workable. However, both men and women doing the work should be able to model non-traditional sex roles.

Conscious prevention of burn-out is considered crucial. This can be approached by 1. co-counselling, 2. establishing agency support, 3. spending a portion of work time involved in other activities, 4. taking steps to ensure one's physical safety and 5. setting reasonable expectations for the extent of service a counsellor can provide.

9. Assessment

All programmes currently interview the men individually before allowing them entrance to the treatment group. The interviews enable group leaders to obtain background information, screen out inappropriate referrals, assess the

lethality of the situation and establish rapport with the man. Several assessment practices which appear to be useful or important are not practiced consistently across programmes at present. These are: 1. obtaining information from third parties such as the wife, referral source or probation officer to augment the man's report, 2. the use of simple psychometric instruments, 3. screening for neurological involvement and 4. conducting a thorough assessment of lethality. Some assessment procedures are not employed because of unfamiliarity with the procedure, but most are simply not done because there is insufficient staff time. Adequate support for assessment should be included in any proposal for treatment groups. This should include time for contacting the partner.

10. Therapy

A variety of group structures is used currently. While all are workable, it appears that the repeated cycle format is optimal in allowing the man to take the time he needs to change, while retaining some of the benefits of a closed group (i.e., cohesion, structure and a time-limited commitment for the man). However, time-limited closed groups may be the only alternative when resources are limited.

A conceptualization of wife assault as an anger problem in the husband appears to be universally advocated by the survey participants. Conversely, a conceptualization that views wife assault as a marital problem or as the result of any behaviour on the part of the woman is viewed as inappropriate for this work. Marital counselling is seen only as a possible secondary intervention once the violence is stopped.

A wide variety of therapy techniques is used in these groups, though there are some crucial ingredients that should be present. These are: 1. a consistent emphasis on personal responsibility (especially for the violence); 2. an initial structured, skill-oriented approach with anger control as the central goal; 3. attention to male-female sex roles and relationship expectations; and 4. the provision of unstructured time for crisis counselling and dealing with the men's agendas. There also should be a progressive decrease in the activity level of the counsellor over the course of the group as the men begin to take more responsibility for the group process. The group leaders consistently warn against using "ventilation" techniques which encourage the release of anger and frustration through surrogate violent behaviour (such as punching pillows). The use of "fair fight" techniques, marital counselling as the initial intervention, and highly non-directive techniques are also discouraged.

Finally, the concept of self-help is viewed favourably by most group leaders. It is thought that the most appropriate use for a self-help component is a follow-up to a professionally-led group. A prerequisite for effective self-help appears to be the presence of a volunteer professional or a "very solid" ex-abuser to prevent regression to previous forms of male behaviour.

11. Contact with the Partner

Some contact with the partner is seen as extremely important in order to 1. accurately assess past violence and current lethality, 2. to inform the woman about the men's group and 3. to provide her with information about services for her. Ongoing contact with the woman is preferable, and helping her to form a protection plan is strongly recommended if she has no other reliable source of professional input to help her accomplish this task.

While couples counselling is used as a follow-up procedure in a number of men's programmes, use of couples counselling prior to or concurrent with men's treatment must be done with extreme sensitivity, and is generally not advisable.

12. Confidentiality

Assuring the man that group information is confidential is seen as important. However, some common exceptions to this policy should be pointed out to the man in advance, possibly through the use of a participation agreement. These exceptions are 1. reporting child abuse, 2. warning a potential victim following a serious threat, 3. informing corrections officials of attendance and participation, 4. informing the partner about non-attendance or termination of counselling and 5. testimony requested under subpoena. All other information should be released only with the man's written permission.

13. Evaluation of Effectiveness

Currently, only clinical impressions and loosely-collected self-report information support the contention that men's treatment works. There is a pressing need for well-designed evaluations. These evaluations should employ standardized measures of outcome, multiple respondents (including the partner), appropriate control groups, and a lengthy follow-up period to assess maintenance of the treatment effects. The question of whether court-mandated counselling works--and under what conditions--is of particular interest. Ideally, evaluations should be designed in such a way that the programme is left with an ongoing evaluation component once the initial demonstration study is completed. This way empirically-based changes can be made on a continuous basis.

Without exception, Canadian men's programmes are open to evaluation by an independent body. There should be immediate government support made available to finance these needed evaluations. The support should be allocated for tightly-designed demonstrations of treatment effectiveness, rather than for descriptive or "process" evaluations. Only the former can provide assurance to women's groups, corrections officials and other referral sources that treatment is a desirable option for assaultive men.

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APPENDIX A

Interview Protocol - Programmes for Assaultive Men

1. Programme Identification

Programme name
Mailing address
Phone number
Contact person(s) (and their position(s)).

2. Statement of Official Goal(s)

3. Brief Description of Programme (100 words)

4. Setting

- a. Describe the setting in which your programme operates.
- b. Describe the organizational structure of the programme (and its parent agency, if applicable).
- c. Who is responsible for the administration and management of the programme (e.g., collective, non-profit society board, board of sponsoring agency, advisory board)? What are the specific functions of this committee or board? Describe the qualifications/backgrounds of these individuals.
- d. Are you satisfied with the organizational structure of your programme? What are the advantages and disadvantages of organizing a programme in this manner, in your view?
- e. What is the nature of your programme's relationship to other relevant community agencies (e.g., police, corrections, social welfare agencies, transition house(s), alcohol and drug counselling agencies, family counselling agencies)? Do you have formal or contractual relationships with any of these agencies or a specific policy governing relationships? If so, please explain? Are there any changes you would like to see in this area? Specify. Have you had any problems with community relations? Describe.
- f. Do you utilize any community agencies as adjuncts to your programme (e.g., alcohol and drug agency)? Any gaps in the service available in your community?

5. Programme Development

- a. What person(s) or group(s) were involved in the development of this program? Describe the nature of their involvement.

- b. What was the rationale for creating the programme? How was the need for the programme assessed?
- c. Describe the sequence of events that led up to the initial creation of the programme and its subsequent evolution to its present form.
- d. What problems were encountered during the development of the programme? How have they been overcome? Do you have any ideas about how they could have been avoided?

6. Funding

- a. Who is currently funding your programme?
- b. Has your funding source changed since the inception of your programme? Describe.
- c. Please review the details of your operating budget (and provide a copy, if possible).
- d. Do you feel that your current level of funding is adequate? If not, what further funding do you require and how would the additional monies be spent?
- e. How stable is your funding at present?
- f. Have you ever applied for or received any federal funding, provincial funding? Do you receive any financial assistance from any voluntary organizations or make use of volunteer labour? Have you received any private donations?
- g. Are there any further problems regarding your funding that you wish to describe? Further comments regarding funding?

7. Clientele

- a. Describe the typical characteristics of the men in your programme and the range of characteristics with regard to age, social class, ethnicity, marital status (at beginning and end of treatment) and level of abuse.
- b. What percentage of the men in your group are generally violent (i.e., outside the house)? What percentage have been violent in a previous relationship?
- c. How many men were involved in your programme in 1983? How many completed the programme, how many dropped out? What is the maximum, minimum and average number of men in treatment at any given time? What number is optimal, in your opinion?

- d. How is a man referred to your group? What percentage of men are referred, but never attend even an assessment session? What percentage are assessed and rejected (if any)?
- e. Who are your referral sources (e.g., self, social welfare, police, transition house, corrections, community agencies, physicians/counsellors)? What percentage of men come from each source? Has this changed over time? If so, do you know why? Do you give priority to one referral route over another if the programme is filled? What actions have been taken to publicize the programme?
- f. Are some (or all) of your clients court-ordered? What percentage? What do you perceive to be the advantages and disadvantages of mandatory treatment? Overall, do you find it preferable or not preferable to work with court-mandated clients? Have you or are you encountering any specific problems in this area?
- g. What do you believe motivates your "voluntary" clients to enter the group, to stay in the group?
- h. Assessment Procedure
 - i. Do you have an individual assessment interview with each client before accepting them for the group? What format do you use?
 - ii. What information do you find is important to obtain?
 - iii. Do you have any exclusion criteria? What are they?
 - iv. Do you use any psychometric instruments in your assessment of the client? Describe.
 - v. What other sources of information (if any) are used in the assessment phase (e.g., police reports, consultation with other professionals, discussions with corrections personnel, contact with the wife/partner)?
 - vi. Is an assessment of lethality made? How is this done?
 - vii. If a man is excluded from the group, what provisions, if any, are taken to refer the man to other treatment services?
- i. Do you have a waiting list? If so, how long is the waiting period, in general? What provision is there for temporary service pending the client starting the group?

8. Staff

- a. How many staff are working with the programme? Part-time/full-time? If part-time, what other employment do staff members engage themselves in?

- b. What are the training/qualifications of the staff? What training/qualifications do you feel is most appropriate for working in this setting? Why?
- c. Are the staff male/female/mixed? What gender mix do you feel works best? Why?
- d. What are the responsibilities, functions of the staff and approximate portion of time spent on each (assessment, therapy, consultation, administration, public education, fund-raising, training new staff)?
- e. Which of these functions are adequately funded?

9. Structure of Therapy and General Philosophy

- a. Describe the structure of the treatment (i.e., length of treatment, number of sessions, group vs. individual vs. marital counselling, follow-up sessions).
- b. What is your intake schedule (e.g., continuous intake/open group format, simultaneous intake/closed group format, hybrid format)? Are there time periods between groups when no service is available (if so, describe)?
- c. What rationale would you give for the structure of the treatment? Is it ideal? If not, what improvements could you suggest? What would be required to implement those improvements?
- d. What is your general philosophy in dealing with wife assault; that is, how do you conceptualize the problem (e.g., learned anger problem in man, mental illness in one or both partners, marital problem, alcohol-induced)? What is your definition of abuse?
- e. How does your philosophy affect the structure and content of your treatment programme?
- f. What do you feel are the essential components of an effective treatment programme? Are there existing models? Please describe.

10. Specific Therapy Procedures

- a. Describe a typical session.
- b. What role does the counsellor play in the session?
- c. What specific procedures are employed (e.g., confrontation, anger control techniques, role-playing, assertiveness training, relaxation, guided fantasy, discussion of past violence, in-depth psychotherapy)?
- d. Is the conditioning of men and women, male/female sex roles a topic of discussion in your programme (as it relates to wife assault)?

- e. Do you give written assignments or other assignments to be completed between sessions? Describe.
- f. Do you use any written materials, (diaries, handouts, readings) with the men or audio-visual material? Please describe.
- g. Whose writings/work do you base your own counselling on? (Bibliography, if possible).
- h. Are there any therapeutic procedures which may be commonly advocated in dealing with anger problems that you avoid because you feel they are not beneficial (on the basis of your reading and experience)?
- i. Is there a self-help component to your programme? Would you see a self-help programme as workable?
- j. Any other comments about therapy procedures?

11. Inclusion of Partners/Wives

- a. Do you have contact with the partners of your clients? What is the nature/purpose of this contact?
- b. Is marital therapy available as part of your service?
- c. Are there other resources available to the woman for individual counselling? Do you refer women to these services or provide information to them?
- d. Is there a transition house or other support programme for women in your area? What is the nature of your relationship with the house or support programme?
- e. What is your policy regarding informing the woman about her husband's progress or his current status in the programme?

12. Reporting Infractions

- a. What is your policy in terms of reporting infractions (recurrent violence, violation of probation conditions, child abuse) to the authorities?
- b. What is your policy on confidentiality? How is this explained to the men? Any problems in this area?

13. Evaluation of Effectiveness

- a. Are you collecting any outcome data at present? Describe. Follow-up? Length of follow-up? Measures?

- b. What would you estimate your success rate to be? What is your definition of success and how was your estimation made?
- c. Which men seem to do best in your programme (e.g., court-directed vs. non-court-directed, younger vs. older men, etc.)?
- d. Do you consider any men not suitable for your programme? Describe the characteristics that make them unsuitable.
- e. Would you be interested in having your programme formally evaluated regarding its effectiveness? Have any attempts been made so far to do this? Describe.

14. Problems

- a. Are there any problems with your programme or relating to your programme not already discussed? What would you like to see done about them?

15. National Conference

- a. Would you be interested in a National Conference on Wife Assault? Do you think this would be useful?

APPENDIX B

Interview Protocol - Community Professional

Agency Name
Address
Phone Number
Person Interviewed
Position with Agency

- a. Please describe your agency and its relation to the problem of wife assault.
- b. What kinds of problems and clientele do you deal with in your agency and what are your referral needs for your male clients, female clients?
- c. What programmes are you aware of that deal with the problem of wife assault in your community? Describe their functions/services as you understand them.
- d. Specifically, what is your understanding of the function/service offered by the Assaultive Husbands Programme in your area? What are the goals of the programme?
- e. How did you find out about the programme?
- f. How many referrals did you make in 1983 (approximately)?
- g. Were you satisfied with the service provided to your clients by the programme? Do you think the programme is effective? On what basis do you judge the programme as effective/ineffective?
- h. What do you think are the strong points/weak points of the programme?
- i. What changes would you like to see in the programme?
- j. How does the programme fit into the network of services for battered women in your community (i.e., is it isolated or well-integrated, necessary or redundant, sufficient or inadequate to handle need)?

APPENDIX C

Canadian Programmes for Assaultive Men*

YUKON

*Mental Health Services
4 Hospital Road
WHITEHORSE, Yukon
Y1A 3H8
(403) 667-6375

Contact person: Paula Pasquali (group leader)

This group began in July, 1984 following a conference on family violence organized by the Ad Hoc Committee on Family Violence in Whitehorse. It is staffed by one psychologist working for Mental Health Services, Health and Welfare Canada, and one social worker working for the Department of Health and Human Resources of the Yukon government. The programme uses a psycho-educational approach to accomplish its stated goals of ending the abuse, modifying attitudes which condone or promote violence, and examining issues indirectly related to wife abuse (such as substance abuse, violence in the family of origin, social isolation and effects of violence on the offender's children). The men are required to attend two sets of six weekly sessions, with admission to the group occurring every six weeks. Men are accepted on a voluntary or court-ordered basis. So far, the majority of the men have been ordered to attend. The programme is unique in several respects: it is located in the far North; it services an enormous geographic area; it services both native and non-native men; and finally, the programme is staffed by two female therapists.

BRITISH COLUMBIA

Vancouver Family Court Assaultive Husbands Project
c/o Don Dutton
Department of Psychology
University of British Columbia
VANCOUVER, British Columbia
V6T 1Y7
(604) 228-4592

Contact persons: Don Dutton/Dale Trimble/Jim Browning (group leaders)

This group began in 1981 and was jointly funded by the Federal Department of the Solicitor-General and the B.C. Ministry of the Attorney-General (Corrections Branch) through a private contract. The program is now completely funded by the latter government body. The primary goal of this

* Asterisk beside a programme indicates that the programme was not involved in the survey and does not contribute to the figures presented in Section II.

sixteen week group therapy programme is to assist assaultive husbands in stopping violence against their wives. The men learn about the underlying causes of their violence, how to identify and express a range of emotions, and constructive ways of dealing with conflict. Over 50 per cent of the men are court-mandated and another 25 per cent are referred by the court on a voluntary basis. Partners are interviewed as part of the assessment process. A counsellor-supervised monthly self-help group serves as a follow-up component for men who have completed the programme. Violence is viewed as a learned behaviour and the therapeutic model is eclectic with a social learning core. The programme has an advisory board consisting of criminal justice system and women's shelter representatives.

Re-directing Anger Group For Men
c/o Family Services of Greater Vancouver
1616 West 7th Avenue
VANCOUVER, British Columbia
V6J 1S5
(604) 731-4951

Contact person: Carol Carr (co-ordinator)

A group sponsored by Family Services of Greater Vancouver (a United Way agency) and instituted in 1980. The goals of this group are to help men stop the violence against their partner and to develop their understanding of themselves and the source of their anger. The programme consists of an eight-week series of group sessions with the option of continuing on to a second eight-week phase. Violence is viewed as a learned problem in the man and the emphasis in therapy is on understanding interpersonal situations. Clients are voluntary and are referred to the group from a variety of community agencies. A fee is charged.

*Victoria Family Violence Counselling For Men Society
Victoria Law Centre
1221 Broad Street
VICTORIA, British Columbia
V8W 2A4
(604) 388-4516

Contact person: Doug Woodall (social worker)

A private society whose goals are to (1) promote the creation of therapeutic treatment programmes for men who physically abuse women, (2) public education regarding wife abuse, and (3) to create an evaluation system to monitor the functioning of the men's group (e.g., the success of court-mandated vs. voluntary clients). The society obtained funding from the B.C. Ministry of the Attorney-General to send two therapists to training workshops and has recently been given a short-term grant by the B.C. Ministry of Labour to hire a part-time co-ordinator. This co-ordinator will attempt to inform the community about the society, build referral contacts and raise funds for the institution of therapy groups for wife assaulters.

ALBERTA

Treatment Group For Men Who Batter their Wives
Forensic Services
Calgary General Hospital
841 Centre Avenue East
CALGARY, Alberta
T2E 0A1
(403) 268-9610

Contact persons: Robert Brown/Fae Chato (group leaders)

This programme began its first group in November, 1982 and has been operating since that time. It is a programme of Forensic Services, Department of Psychiatry, Calgary General Hospital (funded by Alberta Ministry of Health). The programme involves 12 weekly sessions followed by 6 monthly sessions. The underlying philosophy is that men choose to abuse their wives, that they have a set of attitudes and beliefs that allow them to see their spouses as socially acceptable victims for their violence, and that they need to take responsibility for changing their behaviour. The therapy focuses on confronting blame, cognitive restructuring of attitudes, family of origin work and power issues. Referrals are received from a variety of community agencies and professionals. About 30 per cent of the men attend on a court order.

Anger Management Programme
The Pastoral Institute
240 15th Avenue SW
CALGARY, Alberta
T2R 0P7
(403) 265-4980

Contact persons: Arleigh Porte (co-ordinator)/Patricia Ponich

This group was begun in April, 1981 and is now a regular programme of the Pastoral Institute (whose counselling funds come from the United Way). A women's support group was added in November, 1983. The anger management group provides counselling for both male and female clients who have been abusive in relationships, though recent groups have been almost exclusively male. The group members participate in 18 weekly sessions with the central goal of stopping both physical and verbal abuse. The emphasis is on taking responsibility for the violence and learning to express anger more constructively. The women's support group contains many of the partners of the men in the anger management group. It provides an information, skills acquisition and support function and was initiated at the request of the women partners. The counselling is not religious in nature, though values are discussed. Most men attend the group voluntarily.

Violence Clinic
Forensic Assessment and Community Service (F.A.C.S.)
4th Floor, MacDonald Place
9939 Jasper Avenue
EDMONTON, Alberta
T5J 2W8
(403) 428-0455

Contact persons: Oto Cadsky (co-ordinator)/Klaus Hallschmidt (group leader)

F.A.C.S. is a branch of the Alberta Hospital in Edmonton (funded by the Department of Hospitals and Medical Care). The Violence Clinic programme began accepting referrals in June, 1983. The programme runs four groups: (1) a group for generally violent men, (2) a group for wife assaulters who are involved in a relationship, (3) a group for the spouses of men in the wife assaulter group (2) and (4) couples counselling where appropriate. Groups (2) and (3) run on an open-ended, continuous basis at weekly intervals. The emphasis in the men's treatment is on anger control, awareness of feelings and general "holistic" change. The women are encouraged to be more assertive if violence is unlikely. Conjoint sessions are scheduled on a monthly basis. An extensive assessment is conducted on each man entering the programme and about 25 per cent receive medication as part of their treatment. About 50 per cent of the men are ordered to do counselling by their probation officers.

The Family Circle: A pilot project for the prevention
of generational spouse battering
c/o Y.W.C.A.
604 8th Street South
LETHBRIDGE, Alberta
T1J 2K1
(403) 329-0088

Contact person: Mary Walker (executive director)

This programme began as a pilot project in February, 1983 funded by the Gladys and Merrill Muttart Foundation, City of Lethbridge and Canada Employment Centre N.E.E.D. programme. The goal of the project is to deliver with trained volunteers a programme aimed at stopping generational repeating of wife assault. It is described as a tiered programme of guided self-help in which the man, woman and children may receive information and support relevant to the abuse. The programme is seen primarily as crisis intervention rather than treatment. Through sessions with trained volunteers the men are encouraged to take responsibility for their violence, while women are helped to deal with their sense of powerlessness. Therapy groups are being planned for the men and women separately which would be run by a trained counsellor and follow initial crisis intervention.

MANITOBA

Group For Batterers
Probation Service
Department of Community Services and Corrections
25 Tupper Street North
PORTAGE LA PRAIRIE, Manitoba
R1N 3K1
(204) 857-9711

Contact persons: Mel Armstrong/Jo-anne McFee (group leaders)

This group began in July, 1983 and is sponsored by the Probation Service which provides counsellor time, support staff and space. The goals of the group are to end the violence and provide alternate ways for the men to deal with their anger. Almost all of the men are ordered by the courts to attend the group and the group leaders have the dual role of probation officer and group leader. The group meets every two weeks for seven months and men may begin the group at any time. Violence is seen as a learned behaviour and an attempt to control or keep the woman in the relationship. The counsellors attempt to instill a sense of personal responsibility, teach anger management techniques and model male/female resolution of disagreements.

Family Services Programme for Domestic Abuse
Family Services of Winnipeg
4th Floor
287 Broadway
WINNIPEG, Manitoba
R3C 0R9
(204) 947-1401

Contact person: Steven Moscovitch (group leader/programme co-ordinator)

The first men's group at Family Services was begun in February, 1983. A second group was run in January, 1984 with a parallel women's group based on the Minneapolis Domestic Abuse Project model. The two groups now constitute a regular programme of Family Services which is funded by United Way. The men's group operates under the two phase system with each phase lasting 16 weeks. The central goal of stopping the violence is the main focus in the highly structured Phase I which utilizes a social learning approach. Phase II attempts to solidify the cessation of violence by allowing men to work on related issues in a less structured therapy group. Most of the men are referred to the programme from the agency caseload or the women's shelter. Only one man has been ordered to do the group by the courts.

Klinic Counselling Programme
(Domestic Violence Programme)
545 Broadway
WINNIPEG, Manitoba
R3C 0W3
(204) 786-6943

Contact persons: Rick Stordeur/Bruce Wood (group leaders)
John Briere (clinical supervisor)

This men's group was begun in April, 1983 by several male counsellors at Klinic, which is a community health centre (funded by Manitoba Health Services Commission) offering medical services, outreach, a 24-hour crisis line, a sexual assault crisis line and counselling, and domestic violence counselling. The group is modelled after the Domestic Abuse Project in Minneapolis and involves two 16-week phases. The first phase concentrates on stopping the violence through increasing personal responsibility and teaching specific anger management techniques. The second phase is a less structured therapy group that allows the men to explore and deal with issues of importance to them once the initial goal of stopping the violence is accomplished. The general focus of this phase is to maintain non-violence. The underlying assumption of this programme is that violence is both a learned response to stress and a natural extension of male dominance in society. Most referrals are received from the Klinic crisis lines and attend voluntarily.

ONTARIO

Halton Support Group for Men
440 Elizabeth Street
BURLINGTON, Ontario
L7R 2M1
(416) 637-3457

Contact person: Dan Silvester (group leader)

A support group for men run on a voluntary basis by Mr. Silvester who is a probation and parole worker. The group began in May, 1983 and has run intermittently since then with the aim of helping men to stop the violence. The group runs for nine weekly sessions and focuses on anger management, increasing awareness of feelings and reducing the dependency cycle in the men's relationships. Several of the men in the programme have been referred by the courts, though the majority attend voluntarily. The programme is not funded and no fee is charged.

Men's Project
Box 575
EGANVILLE, Ontario
K0J 1T0
(613) 628-2523

Contact persons: Michael Petrini/Ben Hoffman/Oscar Bearinger (group leaders)

One of the few programmes for men in a rural setting, the Men's Project has been active since November, 1983, and has completed its second 10-week group. It is being co-ordinated by three private practitioners -- a family physician, a consultant with a background working in corrections, and a gestalt therapist. The programme receives input from the local transition houses (Avoca House and Bernadette McCann House), and the Renfrew County Committee on Abused Women. The group uses a 10-week format to work toward its central goal of stopping the violence. A variety of educational and therapeutic techniques will be used to help the men increase their awareness of the violence as a problem, learn to differentiate between violence and anger, develop constructive ways to express anger, and enhance their communication skills. The programme is actively pursuing funding, but had not received any at last contact. The programme leaders have received referrals from the courts, the police, and mental health counsellors, in addition to voluntary referrals.

Violent Men's Group
Family Violence Treatment Programme
Guelph Family Counselling Service
55 Delhi Street
GUELPH, Ontario
N1H 6N3
(519) 824-2431

Contact persons: Barbara Pressman/Jim Morgan (group leaders)

The Family Violence Treatment Programme began in 1982 with the aim of providing counselling for abusive husbands and their partners. The programme is sponsored by the Guelph Family Counselling Service (funded by United Way, Ontario Ministry of Community and Social Services and other fee for service contracts). The programme offers a men's group, a women's group, a children's group and a couple's group. The purpose of the men's group is to stop the abuse and help men accept responsibility for it, while the women's group helps the partners to gain self-esteem and an increased sense of control over their situation. The children's group helps children make sense of frightening behaviour from someone who should be providing a care-taker and protective role, provides children an opportunity to express feelings about the exposure to violence, and helps children learn acceptable ways of expressing anger. The couple's group helps improve the relationship in cases where the couple chooses to remain together and where the violence has ceased following the man's participation in the men's group. The men's group combines aspects of the Ganley and Emerge approaches resulting in an emphasis on both anger management and male-female role issues. The approach is both didactic and psychotherapeutic. About one-fifth of the men are court-mandated. Two men's groups are now running concurrently.

Alternatives: A group for men who abuse their female partners
Family Counselling Service
388 King Street East
KINGSTON, Ontario
K7K 2Y2
(613) 549-7850

Contact persons: Craig Paterson/Jack Watkins (group leaders)

A group started in March, 1984 and co-sponsored by the Kingston Co-ordinating Committee on Domestic Assault Against Women and the Family Counselling Service. The latter agency provides space and some counsellor time for the group. The programme receives the input and active participation of two advisory board members from Kingston Interval House. The goals of the group are to help men acknowledge and accept responsibility for their violent behaviour, to recognize its negative effects on their partner and themselves, and to examine and practice alternative ways of behaving. Alternatives will operate as an open-ended, on-going group. The underlying assumption is that violence is learned and that men lack alternatives for expressing their feelings.

Changing Ways
149 King Street
Suite 2
LONDON, Ontario
N6A 1C3
(519) 438-9869

Contact persons: Roger Newell/Trevor Jones (group leaders and programme co-ordinators)

Changing Ways was founded by Mr. Newell and Mr. Jones in 1982 after considerable community research. The programme was offered by Probation and Parole Services London and by the London Co-ordinating Committee on Family Violence. By March, 1984 the programme had expanded beyond the resources available and consequently, the programme was temporarily suspended. In March, 1984 a community group met and formed a Board of Directors whose mandate it was to establish the programme in the community. In September, 1984 a fee for service contract was signed with the Ministry of Correctional Services, and Changing Ways started operations in its new location. Correctional clients as well as voluntary members continue to use the programme with the expectation that voluntary members make some type of payment to support the programme. Changing Ways operates a series of groups in three phases. The first 10-week cycle uses a psycho-educational approach and peer pressure and support to eliminate abusive behaviour. The men also develop problem-solving skills, learn to identify and positively express their feelings, and enhance their understanding of the changing roles of men and women. The second phase also consists of a 10-week cycle which reviews the material and focuses on specific problem areas the men have identified. The third phase consists of a general, on-going self-help group. Any phase may be repeated as required. The phases move from professionally assisted self-help to a more traditional self-help model. Volunteers are trained and used as workers in the programme.

Options

Department of Social Work
The Mississauga Hospital
100 Queensway West
MISSISSAUGA, Ontario
L5B 1B9
(416) 848-7493

Contact person: Gerry McLellan (group leader/co-ordinator)

This programme began its first group in January, 1983 following a request by the board of the local women's shelter, Interim Place. Options is sponsored by the Mississauga Hospital Social Work Department who provide counsellor time for the group. A ten-week format is used with the aim of eliminating the abusive behaviour and increasing self-esteem. Operating under the assumption that the violence is learned and held in place by a social structure that is ambivalent about violence, the group helps men accept responsibility for their behaviour, learn alternate problem-solving methods, learn to identify and express other feelings and understand changing sex roles. A non-judgmental approach which focuses on the violence as a target for change is emphasized. The programme receives referrals from a variety of community agencies, all of whom attend on a volunteer basis. The men pay a token fee of five dollars for the group. Options is scheduled to close in March, 1985.

***Therapy Group for Batterers**

Family Counselling Division
Durham Social Services
50 MacMillan Drive,
OSHAWA, Ontario
L1G 3Z6
(416) 579-0622

Contact persons: Les Fleischer (group leader)/Keith Marlow (therapist)

This programme began in 1983 in response to an increasing number of referrals to the agency where wife assault was the prime source of concern. The programme is run by a male therapist and offers group therapy and optional individual therapy sessions to assaultive husbands. The members are expected to attend the group for at least 12 weeks. A pre-group interview is required before the individual enters the group. The stated goals are to help men end all abusive behaviour, assume responsibility for the violence, examine their attitudes towards women, learn to express feelings constructively, develop a support network and enhance self-esteem.

Options
c/o Probation and Parole
Ontario Ministry of Correctional Services
400 Cumberland Street
OTTAWA, Ontario
K1N 8X3
(613) 566-3811

Contact person: Kie Delgaty (group leader)

This group has been operating since January, 1983. A continuous, self-help model is used with volunteer counsellors providing direction and information where necessary. Since its inception the men have taken more responsibility for leading the group toward its central goal of stopping the violence. The counsellors provide resource materials and conduct assessment interviews in addition to their directing role in the weekly group meetings. Men learn to take responsibility for their violence, develop new skills for conflict resolution, learn to express feelings other than anger and examine their values. All men participate on a voluntary basis. The programme operates without funding.

Therapy Group for Violent Men
Family Services Centre
8 Albert Street East
SAULT STE. MARIE, Ontario
P6A 2H6
(705) 256-5561 or (705) 256-7421

Contact person: David Rivard (group leader)

This group was begun in October, 1982 along with a group for women as part of the programming at the Family Services Centre (funded by the United Way and the Ontario Ministry of Community and Social Services). Due to staff changes, however, the men's group did not operate from August, 1983 - January, 1984. The goals of the men's group are to help men assume responsibility for and stop their violent behaviour, to learn new coping skills and to provide a supportive environment in which self-esteem and problem-solving skills may be enhanced. A ten-week format is used to accomplish these goals. The underlying assumption of the programme is that violence is learned and alternate ways of dealing with the partner can be taught. A close relationship with the local women's shelter is maintained by the agency. Many of the women in the women's group are partners of the men's group members. Individual and marital counselling are available in the agency as needed. About one-third of the men are court-ordered.

The Men's Group-Design for a New Tomorrow
217 King Street
ST. CATHARINES, Ontario
L2R 3J8
(416) 684-1223 or (416) 684-0644

Contact person: Phil Durrant (group leader)

The Men's Group is one component of Design For a New Tomorrow, a community-based agency offering assessment, counselling and public education services to abused women. The first men's group began in October, 1983 and is currently receiving funding from the Ministry of Health. The nine-week group is repeated six times per year offering the men a combination education and in-depth therapy to help them unlearn their abusive behaviour. Specific objectives are to break through denial, teach alternative methods to manage anger, teach individual problem-solving and link men to other sources of support. Most of the men who are involved in the men's programme are referred through the women's programmes in Design and the assessment interviews are conducted by Design counsellors. Most clients are attending on a voluntary basis.

*La Fraternité - The Fraternity
Community Resource Centre
273 Elm Street West
SUDBURY, Ontario
P3C 1V5
(705) 674-3794

Contact person: George Lysionek (Director)

La Fraternité, a community resource centre in Sudbury has investigated the need for a programme for abusive men in this community and has developed an initial design for the programme. The group will contain five to twelve men, the majority of whom have been required to attend as a condition of their probation following an assault charge. Eight three-hour weekly sessions will be held to provide counselling and an introduction to community resource people who will give lectures to the men on various topics. The men will learn to identify, take responsibility for and change their violent behaviour, learn to express feelings constructively, deal with alcohol problems through the AA resource person and learn more about male/female sex roles. Currently, the programme is still under development and funding is being sought.

*Domestic Violence Services
Catholic Family Services of Toronto
67 Bond Street
TORONTO, Ontario
M5B 1X5
(416) 362-2481

Contact person: Mary Parthum (assistant executive director)

Domestic violence is regarded as an aspect of services rather than a special project so that services are integrated throughout the agency. Each worker is expected to be current in theory and techniques. Catholic Family Services of Toronto is a generic family agency with four separate locations in the city each operating under a supervisor. Intake is non-restrictive. Through integration, the heavy load is spread out preventing burn-out; the service is widely available, and can continue even if key personnel are lost. Emphasis with batterers is on developing control and responsibility as attributes of masculinity. Individual and group counselling is offered to these men in order to accomplish these goals. Marital counselling is not considered an appropriate option until the violence has stopped.

*Focus: Shelter-Based Counselling For Men
c/o Walpole House
291 Sherbourne Street
TORONTO, Ontario
M5A 2R9
(416) 923-5266

Contact person: Don Taylor (group leader)

Walpole House is a hostel for women and children operated by the Municipality of Metropolitan Toronto. The shelter primarily offers support and counselling for victims of wife abuse. However, because of the recurring nature of wife assault, counselling the offender is considered an important preventive component that has now been built into the shelter operation. The initial Focus group began in July, 1984. The goals of the group are to help men stop abusive behaviour, learn to take responsibility for the violence, find alternatives to abusive behaviour, increase awareness of role rigidity, increase identification and expression of all feelings, learn to practice self-care, and develop stress-management skills. A women's support group is also offered.

Options

c/o Family Service Association of Metropolitan Toronto
24 Wellesley Street East
TORONTO, Ontario
M4Y 1G3
(416) 927-8500

Contact person: David Currie (group leader)

The Options programme was started in September, 1980 when the first 10-week group was begun. It is sponsored by the Family Service Association of Metropolitan Toronto (a United Way agency). The group has run consistently since 1980 with little change in its structure, though the content has been constantly revised. The goals of the group are to stop the violent behaviour and to increase satisfaction in other areas of the men's lives. The treatment focuses on helping each man form his own change programme with the underlying assumptions that violence is learned and there is a social context that condones violence. The men pay a variable fee for attending the group and all attend on a voluntary basis. A four-month follow-up group takes place as part of the programme.

Hiatus House Fresh Start
1170 Pelissier Street (Rear)
WINDSOR, Ontario
N9A 4M1
(519) 252-4409

Contact person: Tom Rolfe (co-ordinator/group leader)

Fresh Start began its first group in July, 1981. It is a full-time programme of Hiatus House, Inc. in Windsor which operates a wide range of services for domestic violent families. The Fresh Start programme is funded by United Way. Day, afternoon, evening and shift work groups are offered, each running on an eight-week cycle which men are encouraged to repeat. The average length of involvement in the programme is six and one-half months. Hiatus House emphasizes an integrated approach to the problem with simultaneous (but separate) group therapy for both partners and an emphasis on personal responsibility. Under this model, the men are responsible for their violence and the women are responsible to ensure their own safety. A couple's group is available following the separate group therapy for those couples who wish to stay together and where the violence has ended. The men's groups are geared to ending the abuse by helping men to learn to express anger constructively, encouraging them to express their feelings directly, to learn more effective communication and problem-solving skills, and to change some of their attitudes and expectations about themselves as men and their partners as women. About 6 per cent of the men are court-mandated.

QUEBEC

PRO-GAM Inc. (Project Groups and Men)
P.O. Box 184, Beaubien Branch
MONTRÉAL, Quebec
H2G 3C9
(514) 727-6681

Contact persons: Robert Philippe/Dennis Farley/Michel Lafortune (group leaders)

PRO-GAM is a group therapy programme for violent husbands run by a social worker and a psychologist acting in partnership. The first group began in July, 1983 with the goal of helping the men to cease their violent behaviour and find new alternatives to satisfy their needs. Two continuous groups are currently operating -- one in English and one in French. A variety of therapeutic techniques are utilized in order to help men acknowledge and assume responsibility for their actions, increase understanding of roles, enhance problem-solving and open new avenues for the expression of feelings. The programme is not funded at present and operates on a fee for service basis.

NEW BRUNSWICK

Option Counselling for Men Inc.
101 Gordon Street
MONCTON, New Brunswick
E1C 1M5
(506) 855-2461

Contact person: Bernard Leger (group leader/co-ordinator)

Option Counselling for Men Inc. is a non-profit corporation formed in April, 1983 in order to (1) run therapy groups for men to help them stop their violence in relationships and (2) to prevent violence through public education. The programme works closely with the Family Enrichment and Counselling Service and Crossroads Transition House in Moncton. It is currently funded by the Canada Works programme. Three ten-week groups have been run so far and the programme is attempting to evolve to a stage where it can provide therapy groups for men.

ADAPT

P.O. Box 2900
SAINT JOHN, New Brunswick
E2L 5A3
(506) 658-2536

Contact person: Bob Doiron (group leader/co-ordinator)

A group sponsored by the Department of Social Services in Saint John. The programme was instituted in April, 1983 and is now beginning its sixth ten-week cycle. The goals of the programme are to help men improve their relationships with women and to identify, communicate and resolve feelings before violence occurs. The programme provides a psychoeducational approach to treatment focusing on both individual learning experiences and general societal influences which produce violence in men. The group accepts both voluntary and court-mandated referrals, though the majority of group members to this point have been voluntary.

PRINCE EDWARD ISLAND

Turning Point
c/o Protestant Family Service Bureau
216 Queen Street
P.O. Box 592
CHARLOTTETOWN, Prince Edward Island
C1A 7L1
(902) 892-2441

Contact person: Greg Beranger (group leader)

This programme began in May, 1984. It is co-sponsored by the Protestant and Catholic Family Service Bureaus, Family Court Services, Anderson House, Queen's County Addiction Services and the Department of Justice in P.E.I. These agencies all contribute members to a co-ordinating committee who have been planning the group and will also contribute counsellor time, space and support staff to run the programme. The goals will be to help stop the violent behaviour by assisting men in understanding the causes of their violence and learning new ways of dealing with their frustration and anger. A ten-week group is planned incorporating aspects of the Emerge and Changing Ways (London, Ontario) programmes and operating on the assumption that the violence is learned. The group will be open to both voluntary and court-mandated referrals.

APPENDIX D

Literature on Treatment for Assaultive Men

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Purdy, F., & Nickle, N. (1982). Practice principles for working with groups of men who batter. Social Work with Groups, 4(3/4), 111-122.

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APPENDIX E

Films Used in Counselling Assaultive Men

A Far Cry (part of CBC series, "For the Record" - 60 min., available only from CBC with permission).

*Loved, Honoured and Bruised. (25 min., available from NFB, 106C 0180 030).

*To Have and to Hold (20 min., available from NFB, 106C 0182 121).

*Shifting Gears (13 min., available from NFB, 106C 0181 156).

*Up the Creek (20 min., available from NFB, 106C 0181 157).

- * These films are part of the Family Violence Film Collection, a programme of the National Film Board sponsored by the National Clearinghouse on Family Violence. Twenty-eight films on child abuse and wife assault are available in 30 regional NFB offices. For a complete listing of the films that make up the collection, write to the National Clearinghouse of Family Violence, Health and Welfare Canada, Ottawa, Ontario, K1A 1B5, or contact the nearest NFB office.